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ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA \*

BY M. EUGÉNIE HIBBARD

Late Superintending Sister American Hospital Ship Maine

(Continued from October, 1900)

DURBAN, NATAL, SOUTH AFRICA, February 5, 1900.—To-day we received our first orders to be ready for patients, and, as previously stated, the hospital being in a suitable condition, a description of the nursing staff and accommodations will be interesting.

To bring clearly to mind the American character of the undertaking, it is necessary to make but three statements: First, the steamship Maine, of the Atlantic Transport Line, is the sister ship of the hospital ship Missouri. As the latter was placed at the disposal of the United States Government for the use of the sick and wounded during the Spanish-American War, the former was tendered by Mr. Bernard Baker, of Baltimore, Maryland (president of the line), to the British Government for similar service during the South African War in a spirit of "splendid generosity." Included in the loan of the ship was the gift of the amount necessary for the maintenance of the crew, which represented altogether from fifteen thousand dollars to twenty thousand dollars a month, and this was done "in the cause of humanity and international sympathy."

Secondly, the idea of equipping this ship as a hospital originated with Mrs. A. A. Blow, the wife of the manager of one of the richest syndicates in South Africa, secretary of the Great Shiba Mine, also an

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American, who, with the assistance and advice of Lady Randolph Churchill, formed a committee known as "The Executive Committee of the American Hospital Ship Fund," which, with this general committee, included most of the influential American women in England. Thus organized, the sum necessary, thirty thousand pounds (one hundred and fifty thousand dollars), to carry the idea into effect was quickly subscribed, and the steamship *Maine*, formerly a freight ship, was speedily transformed into the semblance of a hospital.

Thirdly, to intensify the character of the work, after receiving permission from the War-Office authorities in London, it was decided to compose the medical and nursing staff of American graduates, and the assistance of Mrs. Whitelaw Reid, of New York, was requested and granted. The service rendered by Mrs. Whitelaw Reid during the Spanish-American War was of inestimable value, and in securing her sympathy and co-operation the committee were to be congratulated.

To Mrs. Reid was delegated the work of selecting the medical and nursing staff and the number of orderlies required. This task, which was difficult in itself, was made more so by the fact that time was limited. Many days were devoted entirely to this work. Miss M. E. Wadley, graduate of *Bellevue Hospital*, was a most interested assistant. The nursing staff of the *Maine* is finally composed of one superintending sister, four nursing sisters, viz.: Miss V. Ludekins, graduate of *Philadelphia Hospital*, *Philadelphia*; Miss J. Manly, graduate of *Presbyterian Hospital*, *Philadelphia*; Miss M. J. MacPherson, graduate of *Rhode Island Hospital*, *Providence*, *Rhode Island*; and Miss Sara MacVeau, graduate of *Bellevue Hospital*, *New York City*, and eleven men, graduates of the *Mills Training-School*, connected with *Bellevue Hospital*, *New York City*. The names of these nurses are: Messrs. R. W. Ellsworth, A. H. Chapman, A. Gillies, J. F. McClintonck, C. A. Austin, J. J. Reilly, V. C. Bates, W. B. Ruth, L. M. Howard, C. N. Nash, and W. C. Kuder, most of whom have seen hospital-ship service during the Spanish-American War, having served on the *Topeka* and *Solace*.

The nursing department is thus fully equipped by competent nurses, who are assisted by a number of orderlies, who are mostly Americans.

The work of transforming the ship into a suitable haven for sick and wounded soldiers is finally completed.

Needless to say, an immense amount of work has been done. Practically two new decks were built in London,—a 'tween deck for some of the wards and operating-room, and a promenade deck. The main and 'tween decks give accommodation for patients. This constitutes the hospital proper, and consists of five wards, named "Whitelaw Reid," containing thirty-nine beds; "Britannia," sixty-one; "Bernard Baker"

(officers' ward), seventeen; "Columbia," intended for convalescent patients, fifty-eight; and the "Committee" ward, for contagious diseases, contains four cots, making a total of one hundred and seventy-five. The changes made here have reduced somewhat the number of beds, but the probable length of time the patients would have to spend on board was taken into consideration, and it was found advisable to increase the facilities and space.

The wards are all painted a light green and are bright and cheerful. The equipment in the wards is all that can be desired in detail. The cots of white enamelled iron run in rows lengthwise of the ship, and are provided with sliding bed-trays, head-rests, and pulleys extending from the ceiling, by means of which a patient can easily change his position. The cots have movable sides, which need only be used in case of rough sea. Each ward is complete with needful accessories, medicine- and linen-chests and pantry equipment. A lift or elevator connects each ward with the promenade deck, greatly facilitating the reception of patients and making it feasible for bed patients to be brought on deck, the cots being so constructed as to make a comfortable stretcher. Air-chutes, electric lights, electric kettles, grills, and fans are in each ward. The latter we will find useful when the heat is intense.

A toilet- and bath-room is connected with each ward, but the accommodation in this respect leaves much to be desired. A number of movable bath-tubs have been supplied in case it should be found advisable to carry out the Brandt bath treatment in fever cases.

An extract from one of the London papers will give an idea of the impression made by the operating-room on English people:

"The *Maine* has an operating-chamber which for size and completeness of equipment is the most remarkable yet designed for South-African service, and the Röntgen-ray apparatus which has been supplied to the vessel is the finest we have so far seen. The space given up to the operating-room is large enough to admit of one of the latest patterned tables, with glass top, so necessary to complete antiseptic treatment. . . . The chamber is in convenient touch with the wards."

The various storerooms upon which we are dependent for our supplies are completely stocked and are divided into three departments—the medical comfort stores, personal equipment, and linen room. With the exception of the linen store the supplies are nearly all contributions, and include not only necessities, but many luxuries for the sick and wounded.

The dispensary has been furnished by a firm in London with medicines for a year, and is in charge of Messrs. Spotts and Haig, two pharmacists of New York.

The medical department has five American surgeons. Surgeon Lieutenant-Colonel Heusman, in command, represents the English Government; Major Julian Cabell, of Washington, D. C., second in command, is in charge of the medical work, with Drs. Eugene Dodge, of Arkansas; H. H. Rodman, New York; C. H. Weber, Philadelphia, and R. H. Hastings, of New Jersey, in charge of wards.

*DURBAN, AT DOCK, February 5, 1900.*—About three-forty-five this afternoon the train containing our patients arrived. The carriages or cars were all marked with the Geneva cross, and from the number of heads that appeared at the windows we concluded that a large number were on board. Disembarking was immediately begun, and as this was our first consignment, all patients were detailed to Britannia Ward. Some were able to walk down the broad, easy companion-way, others were assisted by orderlies and attendants, while the majority were obliged to come down on the elevator. By working above and below steadily and uniformly, sixty-one patients were received and assigned to their cots, and at five P.M. supper was served to all. The meal consisted of mutton broth, stewed chicken, bread and butter, pine-apple, and tea.

The evening was occupied by the surgeons attending to the dressings of wounds, etc., and by the nurses in giving baths. This consignment of sixty-one men is considered large for a hospital ship to receive at one time. The Britannia Ward is in charge of two head nurses, with two assistant nurses, two orderlies, two stewards, and one night nurse assigned to duty. The nurses' hours are from seven A.M. to seven P.M.

*February 6, 1900.*—This morning we found that the majority of the patients were able to be up, and many were allowed to go on deck. Books, magazines, games, and writing-paper were generally distributed by Miss Eleanor Warrender, acting secretary for the hospital ship Maine. Many letters were written, describing, no doubt, the terrible work of the past two weeks, and the "sisters" were often called upon to write for the disabled soldiers.

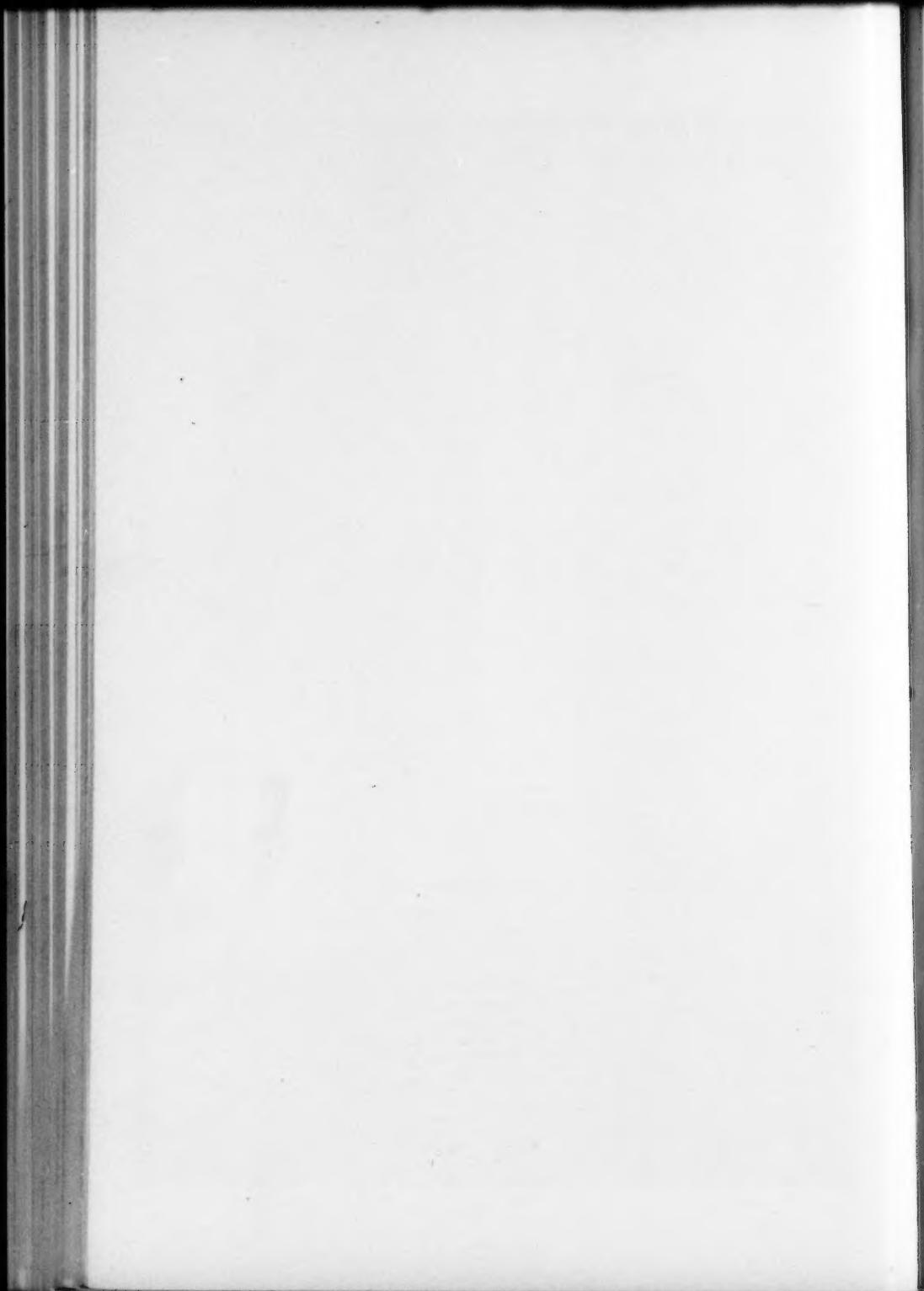
An extract from a letter written on the Maine whilst lying in Durban Harbor will give a soldier's view of the fighting which took place at Colenso:

"I dare say you have heard of me getting wounded on Sunday, the 21st, but I am about all right, and I am hoping to be in the fighting line again by February 20. I was just getting warm on Sunday morning when they hit me. It was about eleven o'clock. The bullet wasn't intended for me, but I got it, as it struck a stone and went in lengthways. I did not take much notice of it after it was bandaged, so I went on firing, but I wasn't firing long before bang! crash! then a whiz! and I got another bullet right over the top of the bandages; so that laid me out altogether. . . . We had been skirmishing and fighting for two or three days, but our worst day was Saturday. We were awake at three

STREET SCENE IN DURBAN

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A.M., a rifle for our pillow and the sky for our blankets, for we expected an attack. As daybreak showed itself we found the enemy about five miles off. So we advanced, and by eight o'clock we were within two thousand yards, and our artillery was shelling them. But they were in a splendid position. All the infantry in the world could not have fetched them out. Anyhow, we got the order to advance, and as soon as we did they began to drop us bullets, and shells came from all directions. Just fancy twenty thousand or twenty-five thousand of the enemy, all in trenches, and us advancing over flat ground. . . . About dinner-time we were falling in dozens, but nobody cared, everybody acting like mad men. We had not a word to say, but kept rushing on till many were pulled up by a bullet. . . . Our company attacked a kopje and we got in the Boer trenches, which cost us seven men, one killed, six wounded. There were about twenty or thirty Boers there. . . . Only about four Boers escaped out of twenty-five."

In the afternoon visitors with fruit, flowers, cigars, and other luxuries came on board.

*February 7, 1900.*—Information was received that probably one hundred patients would be assigned to our ship this afternoon. All was in readiness when the train arrived from Maritzburg about the same time as on the day of the first consignment, and seventy-nine men were handed over to our care, making a total of one hundred and forty cases now on board. The tired look and lagging step of the soldier showed the severe strain he had been under physically. The men were of the Dublin Fusileers, Hussars, West Yorks, and Lancers. The wounded were mostly from Spion Kop and Colenso. News from the front is most depressing, and the stories told by the patients of the impregnable positions occupied by the Boers makes one fear that much blood will be shed before Ladysmith is relieved. Our patients all express themselves satisfied with their care and surroundings.

*February 12, 1900.*—A very warm day. No more patients expected. We went over to the hospital ship Nubia, formerly a P. and O. steamer. We were cordially received and entertained by Colonel Hodder, commanding officer (son of the late Dr. Hodder, of Toronto, Canada), and Captain Hennery. Sister Binnie, the superintending sister, took us over the ship, which seemed large compared to the Maine, but was not as complete an hospital ship. We returned to the Maine in the launch of the Golden Eagle, a yacht, the owner of which has offered six beds for the use of sick or wounded officers.

This evening Lady Randolph Churchill received a message that her son Jack had been shot in the left leg below the knee during a reconnaissance, and that he would be immediately sent down to the Maine for care and nursing.

*February 13, 1900.*—This afternoon brought us ten wounded officers. This ward is in charge of two "sisters" with two orderlies and one

night nurse. The "Whitelaw Reid" has now its full complement and is in charge of two "sisters" with one male nurse, two orderlies, one steward, and one night nurse. The "Columbia Ward" is also filled and is in charge of one head nurse, with two assistant nurses, two orderlies, and one steward.

*February 14, 1900.*—Sir William McCormac visited our hospital this morning. I had a few minutes' conversation with him, in which he told me he was on his way to join Lord Roberts, now at Modder River.

*February 16, 1900.*—Our first death occurred, result of typhoid and complications, revealed at the autopsy. Ensign at half-mast. . . . Captain Stone explored a small island in the inner anchorage to-day which is inhabited by coolies, who subsist by fishing. He was much interested in his voyage of discovery, and in seeing the coolie live and dress as in his native country.

*February 18, 1900 (Sunday).*—The morning broke bright, clear, and comparatively cool. After making morning rounds and finding wards and patients in good order and comfortable, I decided to spend a part of the day ashore. Since arriving in Durban my time had been fully occupied, and a chance to see something of the interesting town and suburbs was most alluring. We left the ship on the ten A.M. launch, and landing at the dock hailed a "ricksha," similar to the Japanese "jin-ricksha," the usual means of conveyance here, especially for strangers, who enjoy the novelty of this means of transportation. The man who approached us with the little carriage was a Kaffir of Zulu descent. Most of them are muscular looking fellows and dress most fantastically. They wear on their heads either a pair of ox-horns, fastened to a leather strap which encircles their head, the horns decorated with flowing ribbons or small bells, or a huge affair that looks like a feather duster looms aloft. For clothing they usually wear a loose tunic, confined at the waist with a broad band of bright material worked in various colors. The short trousers to the knee and a pair of anklets are all that adorn their legs, which look like polished mahogany. Wearing no shoes, they move in a noiseless manner.

Once off, we lean back in our carriage and watch the motions of our "man of burden." The streets in Durban are very clean and the principal thoroughfare, West Street, is very wide and contains some fine buildings. On reaching the Town Hall we dismissed our "ricksha," as the drive we contemplated taking was too far and too trying for anything but horses. We soon secured a comfortable-looking carriage and arranged to drive to "Umgeni" through the Berea, the most beautiful suburb of Durban.

(To be continued.)

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AT HOME ON THE BEREA





A. 196

"THE Flier" - A ZULU RICKSHA PULLER

J. E. M. 196

"THE Flier" - A ZULU RICKSHA PULLER

## THE WORK OF WOMEN ON HOSPITAL BOARDS\*

BY LOUISA STEVENSON  
Governor, Edinburgh Infirmary

IT is a remarkable sign of the times that the public is gradually waking up to a sense of the value of organized and official, as compared with amateurish and dilettante, service from the women of this country. The old-fashioned sentiment that the deeper a woman buried any talent she might possess, and the more closely she wrapped it up in a napkin, the better she fulfilled her destiny, and the more womanly she was, is fast dying out; and the warning against allowing *any* talent to lie unused is more generally accepted as applying equally to women and to men. It is well that it is so, for the world has need of every ounce of talent it contains. Is there amongst men such a superabundance of public spirit, of devotion to the public service, of willingness to sacrifice private interests to public, coupled with general organizing power and ability, that the State and public boards can afford to do without any that are possessed by women?

The general qualifications of women to serve on hospital or other boards are precisely the same as those of men, although each has valuable special experience which the other has not, and which would be lost without the services of both. Many thoughtful people recognize this. Full recognition cannot be hoped for till the citizenship of women is put on a sure basis by the bestowal upon them of their just right to a Parliamentary vote, the want of which is at the root of a vast waste of accumulated power.

Without experience and training, neither men nor women can give of their best. As a guide to preliminary training may I commend to the notice of those of you who have not already read it a careful study of that wonderful little book of Baden-Powell's on "Scouting," which contains texts for many sermons? Read the book, and you will recognize what I mean. Carry out its precepts in your daily life, and your usefulness for all time coming in both public and private life will be sensibly increased.

I think I may most profitably spend the few minutes which the committee of the National Union of Women Workers have honored me in putting at my disposal by calling attention to some of the matters which might, in my opinion, with advantage claim the attention of women members of hospital boards. The efficient ordering of the domes-

\* Read before the National Union of Women Workers.

tic arrangements of a hospital, large or small, require the same kind of knowledge, experience, and organizing power required for a well-ordered private house. I have therefore no sympathy with a frequently expressed idea that women members are wanted in the interests of women and children only. Men need their services also. The ideal household has a woman as well as a man at the head of it—those of widowers not being specially distinguished for comfort.

The dietary of hospital patients must naturally be fixed by the physicians and surgeons in charge, but they cannot be expected, except in cases of very serious illness, to pay attention to the quality of the food and the manner of cooking and serving it. Variety of food is important for the officials, nurses, and general staff of a hospital, and this cannot be secured without much thought and care. In all such matters competent women managers should accept a full share of responsibility. The kitchen employees will do their work all the better if they know that some of the authorities are taking an intelligent interest in its results. The same thing applies to the laundry, the linery, and the clothing departments. The officials connected with them are entitled to all the help which the knowledge and experience of women members are able to supply. Every worker, every one of us, is none the worse of a little criticism of our work from some one who thoroughly understands although not actually engaged in doing it. It has been said that such matters may fittingly be left in the hands of an outside Ladies' Committee. Of this I most strongly disapprove, as I deprecate the assumption of responsibility without power.\*

Nursing and the training of nurses have been so much in the public mind of late in connection with our sick and wounded soldiers that I think this a fitting opportunity to urge all women members of hospital boards to make diligent study of the whole question. Although since the days of Mrs. Gamp what may be called a revolution has taken place in nursing matters, I have no hesitation in saying that a great deal of chaos still exists which must be reduced to order if the public generally are to derive the utmost attainable benefit from the services of thoroughly trained nurses. The greatest diversity of opinion exists as to what this means. More recognition of the principle of development in the science and practice of nursing is desirable. There is, as yet, no

\* No one knows better than I do that in order to the efficient working of a hospital the lady superintendent or matron must have concentrated authority in her own department. That power, however, ought not to be autocratic. No human being, man or woman, is fit to be an autocrat. Her rule should be monarchial, but it should be a limited monarchy—all important decisions and appointments being reported to a committee of the Board of Management, on which the women members would naturally have a seat.

recognized, accepted, general standard of attainment for certificated nurses corresponding, for example, to that for teachers or university students. A teacher who holds a diploma or a student who has taken a university degree must have followed a fixed minimum course of training, the value of which and the subjects of which anyone who takes the trouble to inquire may easily ascertain. Such knowledge is especially valuable with regard to medical degrees. Nurses, however well trained, however efficient, physically, mentally, and morally, will never obtain either the position or the pay to which the best are entitled until the public have the means of differentiating between the good and the bad, between those claiming high pay and those claiming lower, by some other means than pleasant or painful experience, as the case may be, in times of sickness and distress.

After much consideration, I have come to the conclusion that the remedy for the present unsatisfactory state of matters will be found in a comprehensive system of State registration for nurses. This in the interests of the State, of the general public, of all hospital and private patients, and of the nurses themselves. To formulate such a system will require the help of the very best of those women who have knowledge and experience of nursing matters. It must, as I said, be comprehensive, must not be grown in a mould, but be planted like a tree and allowed to develop in the sunshine of good mental and moral influences. Examination for admission to each register should be *pass*, and not competitive, and should be entrusted to some extent to nurses of position and experience. Pending registration, every hospital certificate should set forth the duration of each branch of training given, so that employers may be able to judge if a nurse has had the experience qualifying her to undertake the care of any special case.

Women who aspire to be nurses of the first rank must, I think, begin earlier than is at present customary to learn their work. There is difference of opinion as to the age at which a woman should enter the wards of a hospital for training. I think you will all agree that if that age is twenty-four or twenty-five, a year or two could be most profitably spent in preparatory study. There are many things which can only be learned in the wards of a hospital, but there are others which can equally well be learned outside. I know of two hospitals—one in Scotland and one in England (there may be others)—where systems of preliminary training and examinations have been adopted with the best possible results. The survival of the fittest is insured, to the immense advantage of the patients, who are thus delivered from the feckless ministrations of ignorant and incompetent probationers. I would have every candidate for hospital training attend lectures on elementary physiology, anatomy, and

hygiene, and courses of practice and demonstration cookery lessons, before she sets foot in a hospital ward. She should also attend lectures on general nursing, learning, amongst other things, how to make and apply poultices and fomentations, to make and apply bandages, to take temperatures, and to make the beds and change the sheets of helpless patients. With such previous knowledge, her power to profit by ward training would be increased tenfold. No one need fear that better education would tempt nurses to forget their position and to assume responsibility which belongs to the physician. It is the little knowledge that puffeth up, and the more thoroughly trained a nurse is, the more clearly does she recognize where her duty and responsibility end. A good nurse must be something more than a nurse, and ought to be able to think about other things. Women managers must see to it that the nurses' hours are not too long, and that the terms of night duty are not unduly protracted. In some hospitals—I am glad to say they are few—the night nurses are kept on duty for a consecutive period of eleven months. For many this is an undue and unnecessary strain.

A suggestion has been made, and has been received with favor, that this country should have a corps of reserve among nurses numbering one thousand members. Judging from this last year's experience, it is not too many. It lies with women members of hospital boards to co-operate with hospital matrons in seeing that their training shall be of the best, and that they shall have experience of fever, as well as of ordinary medical and surgical cases.

For all the impression that the magnificent services of Florence Nightingale in the Crimean War have made on the army medical authorities of this country as to what the knowledge and experience of women can accomplish, it might be imagined that they had never even heard of her and of her work. The United States of America have recognized the importance of her services to our army, and a woman has been or is to be appointed under the chief of the War Department Medical Bureau who is to be responsible for all arrangements for the nursing of the soldiers in time of war. With us things work slowly, and the minds of men are not yet accustomed to this idea. We who believe that women know more about nursing than men must take the responsibility of educating the authorities on the subject, bearing ever in mind the dictum of Thomas Carlyle that "the only rhetorical figure which is worth anything for purposes of persuasion is the great figure of repetition."

**A WORKING WOMAN'S TRIP ABROAD**

BY ELISE H. LAMPE

PERHAPS few of the nurses know of a society in Europe whose work is very similar to that of the Young Women's Christian Association in this country. This society has branches in every city and town in Europe, but does not bear the same name everywhere: in Bremen it is called Marthaheim, in Weimar Paulinenslift, in Paris Maison Hospitalière (in the latter city are many homes for the different classes of self-supporting women); they are found everywhere,—from Russia to Germany, from Asia to Scotland.

Two years ago, while travelling in Germany with my mother, I first learned of these homes, and we tried them with the happiest result, which now prompts me to tell of them, so that those of my colleagues who have longed for a European trip may be enabled to go for a very small sum of money by living in these homes.

A kind friend gave me a small *pink-covered* book, which contains the addresses of all the homes in Europe. The *pink* cover of the book is very significant; for any young woman travelling alone carrying one of these books in her hand is taken care of by the railroad officials in Germany, and in very large cities, such as Berlin, Hamburg, or Bremen, a woman who wears a white band with a pink cross on it around her left arm is on the lookout for every woman carrying the pink book. This woman helps the stranger with her luggage at the station, but on going out upon the street she removes the band about her arm and conducts her personally to the home, where she is received in the kindest manner by the *Frau Oberin* (matron), who takes her upstairs to a clean little room usually looking out upon a quiet garden. The matron is, of course, a busy woman, but all those whom I had the good fortune to meet were each ideal in her way and just the right person for the place.

From the time one enters the home to the day of leaving it one is treated as an honored guest. These homes are all more or less training-schools for domestics under the patronage of a woman, a lady of title, after whom these homes are named. A few rooms in each home are reserved für *durchreisende Damen* (ladies travelling through the city) in order that the pupils in training may learn practically how to care for a guest. And oh, the comfort of it! But perhaps I can convey more by giving a few of my experiences while a guest in the various homes.

The Elisabeth Heim is in Dessau, where we were received with the kindest hospitality and made thoroughly comfortable. There were no

rules to conform to. Our boots were blackened and dresses brushed, and for bathing we had plenty of hot water. In the morning a nice breakfast was waiting for us in the matron's sitting-room, with the best china and an embroidered cosey over the coffee-pot. The midday meal we took with the rest of the household. Supper we had at our own time in the sitting-room. We remained two nights and three days, and our bill was less than two dollars for my mother and myself. The matron asked us not to fee anyone, but if we wished to contribute to the fund for aiding and securing places for unemployed girls we would find a brass contribution-box in the hall.

Dresden has a Lehrerinnenheim, where I found trained nurses were accepted, and in this case I had the novel experience of being my mother's chaperon. The only rule to conform with in this home was to be strictly on time for meals; if out after ten P.M., a fine of two and a half cents per person to the concierge. For board and lodging, forty-five cents a day per person.

Weimar was so pleasant we wanted to remain indefinitely. We had a bedroom with two single beds and a sitting-room adjoining it, where breakfast was served to us. Dinner was served in an arbor in the garden, the matron and other guests partaking of it. Afternoon coffee we took there also, and one afternoon a cherry-cake was baked in our honor, which was a great treat. Here we paid seventy-five cents a day for board and lodging per person.

In September I left my mother in Germany and returned to this country. Arriving at the station in Bremen, I went up to the woman with the white band around her arm, who stood in a conspicuous place, and made my wants known to her. It seemed from the first moment as though I had met an old friend. She helped me with my luggage, went to the Lloyd office with me (in the street-cars she has the privilege of riding free), then gave me explicit directions to find the home, as she had to wait for the next train. At the home I was the only guest and was made very comfortable. The supper was served in the matron's sitting-room, but as she was too busy to join me, I found several interesting books on the table near my plate. The next morning Frau Walter, the kind woman who patiently stands in a draughty station to meet and help women travelling alone, went with me to the train, secured my seat, put my things on the rack, and waited till the train started. This was a strange contrast to my former experiences in Bremen,—a small, ill-ventilated room in a noisy hotel, with the porter too busy to attend to one's luggage, and a hurried, cold breakfast on the morning of departure of steamer, with a large bill in addition.

The railroad system in Europe is not perfect, but accommodates

itself to all classes,—but one has to learn and understand it. One can travel luxuriously first or second class, giving little thought to the matter of economy, but the tourist who wants to see much and has but little money to spend must plan and think. It is well, therefore, to have a definite idea about the places to be visited, and to be guided by the time and money at one's disposal.

If the traveller intends to visit Germany, Switzerland, Italy, etc., it is well to make out a list of the cities and towns to be visited—systematically, of course, on a large sheet of paper, clearly written. On arriving in Bremen or Hamburg, inquire of the inspector at the station for the office of the Rundreise Billet. In twenty-four hours a book of tickets for the round trip of forty-five or sixty days will be ready for you. Only hand luggage is allowed on these cheap tickets, but a trunk can be sent ahead by freight. In Germany and England one can travel third class very well, and for the other countries second-class tickets are joined on if desired.

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### LIFE'S HARMONY

THEY tell me that in Pisa's old cathedral  
    All noises harsh and loud—  
Grating of ponderous doors, shrill tones,  
    The tramping and murmurs of the crowd—  
Are caught up, softened, harmonized, and blended  
    Within the lofty dome,  
Then echoed back in one great wave of music  
    Sweet as the dream of home.  
So all the harsh notes in life's mingled music—  
    The burden and the woe,  
The stroke that almost snaps the quivering heart-strings,  
    The loss that grieves us so—  
In heaven's o'er-arching dome of perfect wisdom,  
    Power, and love, shall be  
Gathered and blended in divinest marvel  
    Of matchless melody.

—M. C. UPTON.

# PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF  
ISABEL MCISAAC

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## DIPHTHERIA

BY JAMES B. HERRICK, M.D.

Associate Professor of Medicine, Rush Medical College, Chicago

I HAVE been asked by your editor to write an article on diphtheria in the hope that it might emphasize some of the more recent views regarding the origin, nature, and treatment of this all too prominent disease.

When we consider that not so many years ago it was questioned even by physicians of experience whether diphtheria was contagious or not, we see that a great change has taken place in our conception of the disease. It is now generally recognized as a contagious disease, and the contagium—that is, the infectious material—is known to be a definite micro-organism, and the danger of the spread of the disease lies in the fact that the organism from the throat of the affected individual may get into the throat of a healthy individual.

While diphtheria may affect other parts of the body, such as the mucous membrane of the eye or mouth, or a wound of the skin, it is found oftenest in the nose, throat, or larynx. The organism, the Klebs-Löffler bacillus, usually lodges in the throat or on the tonsil. It may possibly find the field unfavorable for development, in which case there will be no evidence of the disease. In other instances it finds the soil favorable, it multiplies, and produces the local evidences of inflammation in redness, swelling, and an exudate. This exudate, in the case of this germ, is characteristically rather firm, of a whitish or grayish color, and adheres closely to the underlying mucous membrane, so that if an attempt is made to remove it, there is frequently left a bleeding surface. The diphtheria germ is peculiar in this,—that it very rarely gains entrance to the body proper—that is, it very rarely enters the blood. The question may be asked, "How, if this is the case, do we have such marked constitutional symptoms in cases of diphtheria?" The answer is that the germ, multiplying in the throat, in some way produces a most virulent poison, to which the name diphtheria toxin has been applied. It is this poison that is absorbed by the lymphatics and veins, that enters the

blood, producing a most profound toxæmia, and it is this poison that, coming in contact with all the cells and tissues of the body, produces most serious changes in nerves, muscles, heart-muscle, kidneys—in fact, all the organs of the body. It is the absorption of this poison from the tonsil or from the nose by the lymphatics that produces the swelling in the lymphatic glands which forms such a striking feature in many cases of diphtheria. These glands are apparently striving to act as a barrier to the too rapid dissemination of the poison, and in their efforts become swollen and frequently tender. In some cases too there is an inflammation of the tissue around about the gland, causing a diffuse, brawny infiltration in the neck, though in this case there is often, as will be referred to later on, a mixed infection, and other organisms than the diphtheria germ are at work.

There are great differences in the clinical manifestations of diphtheria as met with in different individuals. These differences depend upon different numbers of the organism, different degrees of virulence of the germ, different amounts of toxin produced, differences in the virulence of the toxin, the rapidity of absorption, the resisting power of the individual, and his ability to eliminate the poison. We see here why, if virulent diphtheria germs attack an individual who is already debilitated, with a lowered resisting power, whose kidneys are perhaps poor eliminators, the disease may run a rapidly fatal course. On the other hand, if milder germs attack an individual whose resisting power is great, whose eliminating power is also great, the disease may run a mild course.

There are great variations in the local as well as constitutional manifestations of the disease. In some instances the throat shows but a very slight exudate, and the diagnosis can only be made by careful bacteriological examination. In others the exudate has such a characteristic color and spreads so rapidly over the tonsil and the soft palate to the back of the throat, out into the nose, and even out on to the upper lip, that without a bacteriological examination it is an easy matter to recognize the nature of the disease.

Pain in the throat is variable, in some instances being very slight, in others a most distressing symptom. So likewise is the amount of swelling. This may be trifling, or it may be as great as in cases of suppurative tonsillitis or quinsy, the tonsils meeting in the centre, and there being much œdema in all the pharyngeal tissue.

The initial chill of the patient may be slight or may be pronounced. An attack of vomiting may usher in the disease. The temperature may rise to a high point, or it may never be much elevated, and it is well to know that too much reliance should not be placed on the temperature

as an evidence of the severity of the disease, for in some of the most severely toxic cases the temperature is quite low or at times even subnormal. The pulse will increase in rapidity, and in the severer cases will become rapid and small. There is destruction of red blood-corpuses, and in the severer types of the disease the patient rapidly becomes pale, the countenance often showing a peculiar ashy look, so that one can make a probable diagnosis of diphtheria, without even looking at the throat, when he sees a child with an ashy-gray-looking face, a swollen neck, and hears the peculiar breathing that tells of the obstruction in the nose and in the throat. It is rendered easier if the physician detects the horribly offensive odor that comes from the throat in many instances.

The appetite, as a rule, is poor, and in many cases it is a severe problem how best to get the little patient to take nourishment. The bowels are generally constipated, although diarrhoea may occur. The urine is diminished in amount and high-colored, as in most febrile affections, and a trace of albumin is not at all uncommon,—in fact, it may be regarded as the rule.

The duration of untreated diphtheria varies from a few days to about two weeks. In cases that go untreated the termination of the disease is indicated by the gradual disappearance of the membrane from the throat, the subsidence of the swelling in the neck, the lowering of the temperature to normal, the dropping of the pulse-rate, and the return of the appetite. The patient, if he has gone through a severe attack, is left weak, anaemic, and quite prostrate. He may show for many weeks the effect of the serious illness through which he has passed.

The dangers of diphtheria and the mode of death may perhaps be grouped as follows: First, toxæmia. This has already been discussed. It is the cause of death in perhaps the majority of cases, the violent poison being absorbed in large quantities, which so depresses the heart and the nerve centres, and so interferes with the function of the kidney and other important organs, that death may be said to result from the toxæmia *per se*. Second, death may be the result of sudden cardiac failure. This in reality is but the result of the toxæmia already described. The manner of death, however, is here so peculiar that it deserves a separate classification. The muscle and nerves of the heart are frequently seriously affected, and at times—even when the local manifestations of the disease have disappeared, when the temperature is normal, when the child is beginning to eat more, and has even been allowed to sit up in bed or get out—there is a sudden failure of the heart, death occurring instantly. This is sometimes preceded by a rapid, fluttering pulse, by dyspnoea and cyanosis, by a gasping respiration, which may last for a few minutes or a few hours. This is the dreaded death in diphtheria—sudden failure of the heart. Third, there may be a mechani-

cal obstruction of the larynx, constituting the diphtheritic laryngitis, or diphtheritic croup. In a few instances diphtheria involves the larynx primarily. Almost always, however, there has been primary trouble in the throat, so that the laryngitis is secondary. A warning of the existence of laryngitis is given by the hoarse, croupy cough of the child, by the gradual loss of the voice, so that it becomes but a whisper, and as the obstruction becomes more and more marked by the difficulty in breathing, the child becoming more restless, more cyanotic, covered with perspiration, the pulse getting weaker, and the efforts at inspiration being accompanied more and more by retraction or sinking-in of the soft parts, such as the supraclavicular spaces, the epigastrium, etc. Unless surgical interference or treatment with antitoxin is applied at the right time, death is a very common result in these cases of diphtheritic croup. Fourth, death may occur from the spread of the disease to the trachea, bronchi, and the development of a broncho-pneumonia. In some instances the pneumonia is due to the inhalation of bits of exudate from the throat or from the larynx. Fifth, death may occur from any intercurrent or complicating disease, such as croupous pneumonia, or the diphtheria toxin may cause an acute Bright's disease. Sixth, mention has already been made of secondary or mixed infection. By this is meant that the patient is infected not only with the diphtheria bacillus, but with other germs. The germs of true pneumonia already mentioned would be one instance. The pus germs not infrequently act at the same time as the diphtheria germ. These may gain entrance to the body through the tonsil, and may be the cause of not only severe local trouble, such as suppuration of the glands of the neck or suppuration of the cellular tissue of the neck, but may be the cause of a genuine septicæmia or blood-poisoning. This is not infrequently the cause of death in diphtheria. At times these germs, that produce pus, exert their influence locally in distant parts of the body to which they are carried by the blood. We find then that the patient with diphtheria has pus in the pleural cavity, pus in the joints, pus on the valves of the heart, and ulcerative endocarditis. It may be mentioned here, explaining why the antitoxin treatment is not always successful, that a patient may in reality die cured of his diphtheria, succumbing really to a septicæmia induced perhaps by some such organism as the streptococcus pyogenes; that is, dying of the secondary or mixed infection. When we think of the many possible causes and modes of death in diphtheria, and consider the rapidity with which the organism multiplies, the virulence of its toxins, we need not wonder at the previous high mortality of the disease when anywhere from ten to forty out of every hundred died.

(To be continued.)

**"BACKS AND MOUTHS"**

BY HARRIET HIGBEE

**"BACKS."**

THE prevention and treatment of bed-sores have been and are frequently discussed in medical books and nursing journals. But as it is a subject that often taxes the nurse's ingenuity to the extreme, it cannot be dwelt upon too frequently.

Many preventive measures are familiar to us, as the soap-and-water bath for cleanliness followed by rubbing with alcohol and dusting with boric-acid powder or boric-acid powder and bismuth subnitrate in equal parts for dryness; the relief of pressure by the use of air-cushions, cotton-pads, pillows, water-bed, and frequent change of position where that is possible.

In addition to these, there are a few measures, not generally used, that after a thorough test have proved very satisfactory. One is a simple, inexpensive contrivance used to relieve pressure of heel, elbow, and ear. It is a pig's bladder, filled two-thirds full of either warm or cold water, as the case requires, tied securely, and placed under a cotton ring. The weight of the heel or elbow rests on the ring, and the tender point rests on the soft, fluctuating mass.

If the skin is inactive, as in paralysis, or there is frequent or constant moisture from perspiration or involuntary evacuations of urine or feces, the alcohol and boric acid, etc., are of very little value. They do not prevent the absorption of the moisture by the skin, and its subsequent softness or excoriation, which is commonly followed by infection.

In such cases the back should be washed with soap and water every six or eight hours, or after every involuntary evacuation, and thoroughly rubbed with a small amount of some oily substance, as castor-oil, camphorated oil, or a mixture like the following:

Mutton tallow,  $\frac{3}{4}$  i;  
Olive oil,  $\frac{3}{4}$  i;  
Carbolic acid, 95 per cent.,  $\frac{1}{2}$  i.

Render out mutton tallow on the back of the stove; do not brown it. Strain through piece of muslin; add the olive oil and carbolic acid; set dish into cold water, and beat its contents until set. This will make an ointment the consistency of vaseline, and it will keep indefinitely.

If the skin needs a great deal of stimulation, camphorated oil, or better still castor-oil, may be substituted for the olive oil in the above recipe.

When the skin becomes excoriated, the part should be cleansed, as mentioned before, not with soap and water, but with boric-acid solution, normal-salt solution, or sterile water; then gently painted with oxide of zinc ointment made into liquid form by the addition of olive oil, castor-oil, and balsam of Peru in equal parts, or castor-oil alone, and covered with a clean cloth fastened on with a binder. Gentle massage may be used around the excoriated surface with excellent results.

The treatment of bed-sores is usually directed by the physician. But if it is left to the nurse, she will find the following method helpful.

If there is necrotic tissue or suppuration present, she may irrigate the cavity once daily with peroxide of hydrogen,—one glass syringeful,—followed by normal-salt solution, boric-acid solution, or sterile water. Then apply a hot boric-acid dressing—one inch thick—every four hours until the wound is clean. If the stimulation of the tissues is needed, fill the cavity with a sterile dressing saturated with balsam of Peru and castor-oil in equal parts, bovinine, castor-oil, or camphorated oil alone. When the depression is filled with granulation tissue, it can be treated as an excoriation.

#### *"MOUTHS."*

The subject of the care of mouths in fever nursing is equally as important as that of prevention of bed-sores.

An unclean mouth is not only very unpleasant and often painful to the patient, but is a source of infection. The accumulation of food and mucus is a fertile field for the lodgement of bacteria. If this infected material is allowed to remain, it can easily spread to the middle ear and the mastoid cells and cause abscesses, or be carried by the food to the already overburdened alimentary tract, to add to its infection, or be carried off as waste matter.

When the accumulation of sores is profuse and persistent, the patient's mouth ought to be cleansed after every feeding. This may be done by wrapping a two-inch square piece of linen or gauze, saturated with a mouth wash, around the little finger, and wiping every portion of the cavity—not far enough on back of the tongue to provoke nausea. If it is necessary to clean the throat, a small swab may be employed. For thorough cleaning of the mouth several sponges are necessary. These may be received in a piece of paper and at once burned.

While cleaning the mouth of a delirious patient, the nurse, for her own protection, must place some hard substance between his teeth. A rubber cork is the best, but if that is not available, a fork-handle may be used. Its prongs must be carefully wrapped to avoid an accident. If the cork is used, the nurse must hold it in place to prevent its falling down the patient's throat.

There are numerous preparations used for cleansing the mouth, as:

- I. Listerine,  $\frac{3}{2}$  i;  
Aqua,  $\frac{3}{2}$  ii.
- II. Dobell's solution,  
Aqua,  $\frac{3}{2}$  ii.
- III. Boric acid saturated solution,  $\frac{3}{2}$  i;  
Alcohol,  $\frac{3}{2}$  ss;  
Glycerine,  $\frac{3}{2}$  i;  
Tincture of myrrh,  $\frac{3}{2}$  i.
- IV. Glycerine,  
Aqua,  $\frac{3}{2}$  ss.

The three following formulae have been found excellent for special cases:

I. For mucus-coated mouth:

Soda bicarbonate, grs. x;  
Glycerine,  $\frac{3}{2}$  ii;  
Aqua ad q.s.,  $\frac{3}{2}$  ii.

If the coating be of long standing, thick and dry, this solution may be applied with an applicator every five or ten minutes for one hour, and then the cleansing may be done with sponges. In these cases it is necessary to use a toothpick to gently loosen the sordes between the teeth.

II. For dry or fissured lips and tongue, and for anointing the baby's nose:

Lanoline,  
Vaseline,  $\frac{3}{2}$  i;  
Oil gaultheria,  $\frac{3}{2}$  xxx.

Apply small quantity several times daily.

III. In rare cases there is a persistent bleeding from the gums. The application—several times daily—of the following solution is effectual:

Tincture of myrrh,  $\frac{3}{2}$  xxx;  
Aqua,  $\frac{3}{2}$  i.

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BEGIN with small things, madam. You cannot enter the presence of another human being without finding there more to do than you or I or any soul will ever learn to do perfectly before we die. Let us be content to do little, if God sets us at little tasks.—CHARLES KINGSLEY.

## CHILDREN'S DEPARTMENT

IN CHARGE OF  
LOUISE C. BRENT

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### FRESH AIR AND SUNSHINE

BY OLIVE WILLIAMS

If pure air is important for healthy persons it is doubly so for the sick. It is often a source of wonder why so many describe in minute detail the treatment intended for a patient and say not a single word about those important aids, fresh air and sunshine. We have simply to walk from the fresh air of out-doors into a close, dark room in which some one has spent the night to appreciate the irritating, stupefying, disease-producing effects of impure air. Many object to ventilating the room at night on account of breathing the night air. True, the night air lacks the purifying and tonic germ-destroying power of sunlight, but even so it is infinitely better than the foul air of the poorly ventilated, stuffy room, and as every one is entitled to breathe the best and purest air he can get, then at night breathe the night air.

Patients are very apt to confuse cold air with pure air, but it is not our object to introduce cold air into a room, but pure, fresh air warmed. In most cases this can be done with slight effort. A window should be down at the top and up at the bottom each a couple of inches. The average storm window is a nuisance and a provocation. It is a common practice to pull out the two slats supporting the upper sash, shorten them two or three inches, and put them in place again. This allows the upper sash to drop two or three inches, and ventilation is partly insured. It is also important that the curtains, if there are any, be pulled aside at the top and the blind so arranged as not to interfere with the current of air. In ventilating be careful to avoid draughts. An ordinary fireplace is an excellent means of ventilation, as, besides warming the pure air, it makes the room cheerful.

In the summer months ventilation is no longer the knotty subject, but in winter many prejudices are encountered.

In phthisical cases particularly are fresh air and sunshine of vast importance. This was demonstrated to some extent by Trudeau's experiments with rabbits inoculated with tubercle bacilli. Those kept in the

dark, damp, poorly-ventilated rooms quickly succumbed, while those allowed to run wild either recovered altogether or at most with some slight lesion.

Pasteur found that germs floating in the air were generally dead, killed, it was supposed, by the sunshine. Sunlight is death to the germ, and fresh air is the greatest antidote to microbes.

When the pure sunlight is allowed to freely play through our houses, besides making the surroundings brighter, it as well influences the inmates, as the blood flows more easily, the color is brighter, and the mind clearer. Shaded people suffer from two evils, first, lack of sunshine, the very life and power of humanity; second, from impure air.

It is in the congested centres of population where light and air are defective that the germ is favorably nourished, preserved, and multiplied.

How important, then, that in the care of the sick we see to it that the irritating narcotic, headache-producing effect of dark and ill-ventilated rooms shall be reduced to a minimum, and in its place an abundance of those all-pervading and simple elements, the invigorating, appetizing, and buoyant tonics, fresh air and sunshine.

There is another form of sunshine aside from that which is received from the sun's rays that is of immeasurable worth in the sick-room, namely, cheerfulness. The source of this form of sunshine is usually those in attendance. In the presence and personality of the cheerful one is an influence that acts upon others as summer warmth on the fields and forests. Such an one has the power to call forth the best in their patients, making them braver and happier. How quickly sunshine acts, bringing an exhilaration of spirits, a quickening of energy, a renewal of zest and interest in living. "Great hearts there are among men," says Hillis. "They carry a volume of manhood; their presence is sunshine; their coming changes our climate; they oil the bearings of life; their shadows always fall behind them; they make right-living easy. Blessed are the sunshine carriers! they represent the best forces of civilization."

Knowing, then, the virtue of a cheerful countenance, check expression when sombre feeling oppresses. To say how sad one feels when the heart sinks for the moment deepens the inward trouble and spreads it to outside people. One would not spread disease, therefore do not spread mental distress. The true mission is to brighten, not darken, life.



## THE DELIGHTFUL FARCE OF KRIS-KRINGLE

BY H. S. HUTCHISON, M. D.

Hospital for Sick Children, Toronto

SANTA CLAUS would arrive at ten o'clock. All was romance. Even the "grown-ups" were secretly determined in their heart of hearts to bring back some of the old feeling of Christmas delight. For every girl "grown-up" remembers with what glee she has for months nursed a dolly that, having once very prettily shut its eyes at the night-time, never opened them again; and every boy "grown-up" has still a sneaking regard for the tin locomotive, which, after being wound up, for more than five minutes ran in a small circle, and ever after had to be dragged round on three wheels, without tender or cab. And so there was a feeling of delicious self-imposed awe for the kind old benefactor of youth.

Every child had been awake since four A.M. The girls had been told that Santa Claus would come, and so even the most imaginative of them did not allow their thoughts to depart from dutiful and absolute belief.

The boys, however, were divided into three classes: First, there were those who were too young to understand who was coming, and therefore were believers; second, there were those whose implicit faith in the good filler of stockings was adamantine in its firmness; and, lastly, there were the sceptics.

The duties of Santa Claus were not light. He must make a good impression with the first group, he must maintain the respect of group number two, and, most of all, he must rescue from the swift-flowing river of doubt the faith of the sceptics, and, having rescued, must resuscitate. Also, it had been found advisable, owing largely to the fact that early associations had made some of the prominent doubters familiar with the genus antelope, to admit that even reindeer could not cover the wide world in one night, and that, in fact, Santa Claus was indigenous. Hence there entered into the already rocky road of the old grayhead the thorny element of competition, for Santa Toronto must not in any way be inferior to those of his colleagues who had previously benefited their young friends elsewhere. Furthermore, it had been set forth by the revolutionists that the part of Santa Claus was a played one, and that it would be taken by some familiar figure disguised by the judicious addition of pillows and by a gorgeous dress. How then was this theory to be met, for the old gentleman was certainly stout? Truly, trouble galore had even he to contend with.

Of a sudden a great clatter of sleigh-bells and hoofs was heard. Santa Claus was here! Resplendent with flowing robes of red, trimmed with ermine, in a beautiful red cutter drawn by two snow-white ponies, and sitting on holly-decked bundles, he appeared. Swiftly he sped towards the girls. Shrieks of awe-mingled delight filled the air. Majestically he alighted from his sleigh and began unpacking his beautiful bundles.

"Gussie Harrington! Where's Gussie?" cried Santa in the midst of his kind work.

"Here I am," came a sweet little voice.

"Here you are, my dear," said he, handing her a lovely bundle, in which was a dolly, a stove, a picture-book, a set of dishes, and other useful things for a little doll-house-keeper. "Do you know me?"

"You're Dr. M.," quickly came the reply.

Santa was dumfounded. Poor little Gussie, whose painfully swollen eyelids he had for months had to tenderly pull apart to put in the cruelly smarting drops, whose case had been pronounced hopeless, who had never seen the light of day, had actually penetrated a mask of which she knew nought, and had recognized the hands and the eyes of the one who had so unwillingly tortured her. And why were her eyes uncovered to-day?

"She can see to-day for the first time," was whispered in Santa's ear.

Here was shattered romance replaced by romance. Little by little had Gussie improved, thanks to careful, kind nursing, and from first being able to tell light from darkness, she had improved so during the last week that on this day of days she could actually see. Santa Claus sped away with a lump in his throat.

The babies were frightened half to death. The tremendously tall, stout old gentleman with gray head and beard, offset by such red cheeks and nose, was too much for them, and made to their poor little minds a picture of indescribable terror. Their screams could be heard for blocks.

The romance of the "grown-ups" received a severe shock. What a harsh demonstration to these innocent babes of the fact that the truest pleasures which they would in years to come enjoy would be those which were preceded by much pain.

The kind old man soon won their little hearts, however, with his arms full of bunnies, dollies, bow-wows, and candies, and soon nothing but sunshine could be seen through the tears.

"Were you afraid, Mistuh Smiff?" was asked of a smiling, chubby boy of four, with glorious blue eyes, curly hair, and talipes equinovarus of the left foot.

"No," he replied; "Yanty Claus tuk hold my wusser foot, and he say 'Helloa me,' I say 'Helloa him.'

Mister Smith never acknowledges himself beaten, and always has satisfactory explanations. He'll get on in the world.

Meanwhile, the terror of the babies was exceeded only by that of Santa Claus himself. For strange, weird changes had been taking place in his internal economy, and more than once he had caught sight of a white corner peeping out from under his red frock. Moreover, he was very stout, was very warmly clad, and had never been so long in any warm building before. He was feeling faint, and he still had his hardest task; for he had now to face the sceptics.

The boys had been becoming more and more worked up, and, as the royal equipage of the North approached, even the scoffers were carried away by the universal excitement. Fire-reels, gun-boats, windmills, and many other wonderful inventions absorbed the interest of all.

"Santa Claus, your teeth are coming out," said a doubter, suddenly waxing bold.

Sure enough, a row of flat, square teeth were projecting straight out from Santa's lower jaw, and did you not know Santa so well, you would have sworn that they were card-board.

"Santa Claus, what's this?" said doubter number two, reaching out from his bed and seizing the small, white, projecting corner. A pillow dropped out onto the floor!

A great howl of derision went up. Santa Claus summoned all his forces for one last supreme effort. 'Twas no use, and the last the boys saw of Santa Claus was a red streak, dropping here a pillow, there a pillow, till a kind corner hid from view the escape of the kind old man from a building where his gray hairs had been so little respected.

The charm of romance was broken. Truly a just reward for those who would deceive the sick! But where were the sick? For—and this is the one mainstay of those who labor in this saddest branch of medical life—with smiling faces these little heroes, with fortitude worthy of Spartans, keep their sufferings entirely *under the bed-clothes*.

The delightful farce of Kris-Kringle was over for another year.



## EDUCATIONAL

IN CHARGE OF

ISABEL HAMPTON ROBB

### EDUCATION IN NURSING \*

BY MRS. STRONG

Matron Glasgow Royal Infirmary

HAVING been requested to put before you the method of training women for the profession of nursing in the Glasgow Royal Infirmary, I consented to do so, but with reluctance, hesitating to express an opinion upon a system so recently inaugurated.

Any scheme must be largely tentative until tested by practical experience. We have made a departure from the old paths, whether better remains to be proved. We do not depreciate the work of the past; it served its time; and without the labors of our predecessors we should not stand where we are to-day. Life should be growth or progress. Let us endeavor to add something to the stores of the past that may help forward the work of the future.

To make our position clear, we must take a cursory glance over the field of nursing—past and present.

A great impetus was given to nursing by Miss Nightingale's memorable action in connection with the Crimean War, and her subsequent establishment of a school in conjunction with Mrs. Wardroper, whom Miss Nightingale found quietly working in St. Thomas's Hospital, seeking to rescue nursing from its degraded position. All honor to these noble women! So far from forgetting what they have done, we can pay them no better tribute than by seeking to expand and help on, in however small a degree, the work inaugurated by them. Had St. Thomas's Hospital remained the only "School for Nurses" in the United Kingdom there would have been uniformity of education, and possibly, as the higher demands arose for the fuller instruction of nurses, the authorities of that hospital might have met those demands, and thus have lessened the need for legislation. As it is, almost every hospital in the kingdom followed the laudable example set by the

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“Nightingale Committee” and instituted “training-schools,” each being a law unto itself. Hence the great variety in the forms of “education” introduced, which has called forth the desire for uniformity, both in instruction and in the test to be applied before “diplomas in nursing” are granted.

As nursing stands now, it has no definite position. There is no uniformity of education, no general test or examination to prove whether a woman is qualified to take the charge of the sick or not.

A nursing certificate is, therefore, comparatively speaking, worthless, unless one has an intimate knowledge of the working of each hospital, and knows exactly what its “certificate” represents. There is a growing feeling among the public against employing nurses who have not had a three years’ residence in hospital, and this is usually looked upon as a sufficient guarantee of efficiency. Personally, I have not found this to suffice.

Some still retain the idea that twelve months spent in the wards of a hospital, without any theoretical instruction, will enable a woman to pick up sufficient knowledge to admit of her undertaking the duties of a nurse.

This implies that a nurse’s work is purely mechanical, requiring little mental capacity. In days gone by, when the whole treatment of the sick was of a different nature,—a nurse’s work consisting largely of giving medicines at certain intervals, gratifying the patient’s wishes as much as possible, no scientific report being required of the patient’s varying changes and symptoms,—the so-called “training” was sufficient. I trust the custom is now obsolete of “ladies” going into hospital, paying a considerable sum, remaining only one year, then receiving or obtaining appointments of considerable importance and assuming the title of “trained nurse.”

The empirical knowledge gained at the bedside through a long series of years by a fairly intelligent woman produced at times a most valuable nurse; but side by side with this must be taken into consideration the number of failures, partly owing to the want of a natural ability for observation, and partly owing to the want of direct instruction.

With the advance of medicine arose the want of a systematically instructed nurse—one whose knowledge should be of a definite nature. Given a “trained nurse,” there should be some standard or test, so that anyone employing her may have some idea of what to expect from her. Degrees of knowledge will ever be regulated by the power of the individual to assimilate the instruction given; still, there should be a fixed quantity.

Recognizing the necessity of technical instruction, some hospital

authorities have instituted a series of "lectures" for their probationers, which have to be attended simultaneously with the acquiring of the practical part of their work.

This was the custom in the Glasgow Royal Infirmary, but we found that it seriously interfered with the discipline of the house and the working of the wards, as it took the probationers away at irregular hours for attendance on these lectures. We were also unable to provide them with time for study, which rendered the lectures practically useless for the majority, as it was only the few whose strength permitted of but little rest or recreation who could obtain time for study. This led to the consideration of a long-projected scheme,—viz., the taking of a special course of instruction, including elementary anatomy, physiology, and hygiene, followed by a course of clinical instruction, before being admitted into the wards for the learning of the practical part of a nurse's work. By the aid of our medical staff this matter was placed before our managers, and was received by them with the most hearty sympathy. After due consideration a scheme was elaborated which we were requested to put into operation in January, 1893.

As far as we can judge, it appears to be a success. In inaugurating a work of this kind, there are, of course, initiatory difficulties, but these we found by no means formidable. Our medical staff has co-operated with me most heartily to facilitate the carrying out of the idea, and its members have remarked to me that in their opinion we are already benefiting by the increased intelligence brought to bear upon the work.

Class certificates are given at the end of each course of lectures stating the percentage of marks received by each pupil on examination in the different subjects, the candidate signing with motto or number. We have not yet arranged for a final examination before granting diplomas, hoping that this may be taken out of our hands by an independent body of examiners in connection with registration.

If the Royal British Nursing Association could see its way to establish such a committee, representing England, Scotland, and Ireland, to examine and decide on a nurse's qualifications before she is placed on their register, it would give prestige to those nurses.

This appears a formidable suggestion, but if deliberately considered I think it may assume a practicable form. There would be expense connected with it, as the examiners must have their fees. The examination-fees to be paid by nurses would defray this expense, but what would be of more serious consideration would be the arranging of the examining centres for the three countries, as the nurses would have to go to the examiners, and they could scarcely be asked to congregate in

London. If centres could be established in the three countries, it would make it comparatively easy for nurses to present themselves.

For the Royal British Nursing Association to step forward and seek to obtain a curriculum fixed by the crown, with its attendant qualification for diploma, for women wishing to practise nursing, would not call forth more opposition than it has experienced in the past, and would, I think, gain its supporters. The association might be to the nursing world what the "General Medical Council" is to the medical. As registration stands at present, I do not think it meets our requirements. I look upon it as the goal to be obtained, not the starting-point, and it must be comprehensive; it must insure the full qualification of a woman for the practice of nursing.

I believe the Registration Society as at present constituted accepts the certificate of any hospital (containing a certain number of beds) which certifies the nurse to have been resident for a period of not less than three years, no special test being employed by the society to ascertain the status of the nurse.

I repeat, mere residence in hospital will not qualify. The authorities of hospitals do not pay a uniform attention to the training of their nurses. Some women during the period of their probation, to a large extent, educate themselves; others, again, wait for a teacher. Many people say education will not make a nurse. The point is, Can they be made without it? Is it the solitary profession that requires no special instruction? Will instinct supply all that is necessary to meet the myriad wants of the sick? I think not.

After nearly thirty years' experience in nursing and dealing with nurses, I am impressed with the idea that we are only beginning to realize what the art of nursing may become if proper means are used for its development, and think it will become one of the best openings for women who will apply themselves diligently to the acquiring of the necessary knowledge; but the acquiring of that knowledge will be attended with some expense, which, as in the preparation for other employments, must be borne by the individual herself.

Nursing can demand remuneration on an average with that of other occupations for women, and why the preliminary cost for special instruction should be looked upon as a hardship any more than special instruction for other purposes I do not know.

It is a pity that any party spirit should have arisen in the ranks of those who wish to see nursing occupy a definite position. As clearly as I can understand the aim of those interested in the matter, it is their desire to stand aloof from all sections or parties, taking a broad general survey of the question, offering to nurses their help and sug-

gestions, and if nurses themselves are not desirous of gaining a definite status, to coerce them into gaining it for the protection of their employers.

The Glasgow Royal Infirmary "School for Nurses" is now arranged in such a manner that it can at any time adapt itself to legislative demands without in the least interfering with its ordinary routine. One of our leaders in the nursing world expressed to me the fear that a system of theoretical instruction to our coming nurses would result in a pseudo-scientific nurse. This is not our experience. The limit of time is such as admits of elementary teaching only, but it is thorough.

*Anatomy*, as it is taught with us, enables a nurse to handle the human body intelligently, but goes no further. *Physiology*, to make her acquainted with the functions of the different organs, that she may detect deviations from a normal condition. *Hygiene*, that she may know what healthy surroundings are, and endeavor to secure the same for her patients, or minimize existing evils. Our teachers are men of experience, well versed in the requirements of nursing, and have themselves fixed the amount of technical knowledge they think it necessary for a woman to acquire before she can benefit by the practical part of her work.

The clinical classes were introduced as a second course, we having hitherto had no direct clinical instruction for our pupils, it being left to the inclination of the medical staff, some taking much more interest than others; and also to prevent the probationer from plunging into the practical work of the wards without any instruction, causing her to lose much more time than at present before she could be of use, making the work more difficult for the "head nurse."

A still greater advantage is in the uniformity of instruction given, so that we know exactly what to expect from all probationers entering our wards. When our work is sufficiently advanced to carry out fully our arrangements, the probationers will receive eighteen months' medical training and the same of surgical—nine months of which will be spent in the male wards and nine in the female. Such a system of instruction would effectually draw the line between the "professional" and the "amateur nurse." We are also aiming at having three nurses in each ward of not less than three years' experience as a stationary staff, so that the wards may never be left with a nurse of less than that standing—one of these "nurses" to be "head nurse," the other two to alternate night and day duty every three months; the probationers' hours to be from five A.M. till half-past four P.M., thus providing the night nurse with assistance during the working hours, and giving excellent training to the probationers.

I am glad to say that the nurses engaged under the old régime are thoroughly appreciating our efforts for their advancement, and are largely availing themselves of the opportunity for instruction, and are relieved from duty for this purpose. Of course, it is a temporary inconvenience, but the ultimate good to be obtained compensates for that; and I must here offer a word of thanks generally to our nursing staff. A transition period is always a trying one more or less, but their hearty good-will and manner of meeting slight difficulties has made my task an easy one.

Our medical staff also, past and present, have given us the greatest encouragement and impetus to go on striving to obtain a higher standard of efficiency, and it is to them we look for assistance in the further developing of our scheme,—viz., State recognition with its fixed curriculum.

It has been remarked to me that, in seeking to obtain a "standard of education" for women wishing to qualify as nurses, we are losing sight of the *morale* or character of the nurse, and seeking only professional skill.

One advantage of the classes is that the matron, during the time that they are being held, comes into close contact with the pupils, and has an opportunity of forming an idea of the character and disposition of each (individually), and can make her selection accordingly.

In the event of legislation being obtained, there would be a register published annually, stating a nurse's qualifications; and in the event of her committing any flagrant act against the recognized code of morals, her name would be struck off the register.

Others again suggest that a State regulation of a nurse's curriculum would interfere with the power exercised over the "nursing staff" by hospital authorities. I cannot see how this could be. All that the crown would do would be to regulate the instruction given and the class certificates to be held before entering the wards of a hospital, the time spent in hospital also to be fixed by the State. During the time spent in the wards she would be fully under the control of the hospital authorities, and would in no way interfere with the discipline of these institutions.

Those nurses who wish to make "specialists" of themselves I would advise to take general training first, and supplement it by special training. The many complications arising in illnesses of all kinds are best met by one who, from her general knowledge, has some idea of what to expect, and she will have more resources than one suddenly confronted with the unexpected.

The facilities, "as a rule," for training for special purposes are limited.

In the event of a compulsory form of education being introduced, with its examination and diploma, it would be necessary to consider the position of those nurses already in practice. Probably this might be met by placing them on the register with some distinctive title indicating the degree of qualification. "Graduate in nursing" appears a fitting title for one fully qualified to practise the art.

These remarks are crude, and only given with the idea of calling forth discussion. It is by this means we can gather up the different aspects of the question. No two people take exactly the same view of things.

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THERE is a society continually open to us, of people who will talk as long as we like, whatever our rank and occupation—talk to us in the best words they can choose, and with thanks if we listen to them. And this society, because it is so numerous and so gentle, and can be kept waiting round us all day long, not to grant audience, but to gain it,—kings and statesmen lingering patiently in those plainly furnished and narrow anterooms, our bookcase shelves,—we make no account of that company, perhaps never listen to a word they would say, all day long! Will you go and gossip with your house-maid or your stable-boy when you may talk with kings and queens; or flatter yourself that it is with any worthy consciousness of your own claims to respect that you jostle with the common herd for *entrée* here or audience there, when all the time this eternal court is open to you, with its society wide as the world, multitudinous as its days, the chosen and the mighty of every place and time?—JOHN RUSKIN.

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EVERY duty we omit obscures some truth we should have known.—  
JOHN RUSKIN.



## PROGRESSIVE MOVEMENTS

IN CHARGE OF  
LUCY L. DROWN

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### THE BOSTON CITY HOSPITAL NURSES' CLUB

BY EMILY O. BOSWALL

WE owe the inception of the Boston City Hospital Nurses' Club to the efforts of the Hon. Henry H. Sprague, chairman of the Training-School Committee, and to Dr. G. H. M. Rowe, superintendent of the hospital.

The outcome of their deliberations on the subject was the sending of a circular letter, in November, 1891, to the widely scattered graduates to ascertain their attitude towards the formation of a club.

This circular letter, signed by the Hon. H. H. Sprague, Dr. G. H. M. Rowe, and Miss Lucy L. Drown, the superintendent of nurses, set forth in detail the advantages and desirableness of such a club as their intentions projected.

To this circular letter were appended three questions:

"Question 1. Are you so situated that you generally or occasionally will attend the meetings of a nurses' club?

"Question 2. Are you in favor of establishing a nurses' club on the above general basis?

"Question 3. Will you join such a club if it be organized?"

Answers were requested by December 1. Numerous and hearty were the responses received to the letter, showing that the efforts of the promoters of the scheme were deeply appreciated by the graduates. Answers came from the women who had done the pioneer work of the Training-School, as well as from the later grades.

We quote verbatim from the report of the first meeting:

"January 5, 1892, forty-five non-resident graduates and fifty resident nurses of the Boston City Hospital Training-School for Nurses met in the parlors of the Nurses' Home to consider the expediency of organizing an association or society, to be composed of the Training-School nurses, with the view to encouraging and advancing their various interests. The meeting was called to order by Dr. Rowe."

Quite a number of the graduates had written to wish the club success, though for various reasons they were not able to attend its meetings.

Dr. Rowe set forth the aims and projects of the proposed club, talking along the lines of the circular letter, the key-note of his remarks being *esprit de corps*.

The nurses, being well-assured of the support and countenance of the hospital authorities, unanimously voted for the formation of a club.

The constitution, most comprehensive in detail and faultless in construction, was read and adopted. It has served for nine years. I do not think there has been an amendment added, a by-law adopted, or one of its provisions questioned.

Section 1 reads: "The Club is established for the benefit of the graduates and nurses of the Boston City Hospital Training-School for Nurses, and shall be called the Boston City Hospital Nurses' Club."

Undergraduates may be members, as well as graduates, signing the roll and attending the meetings being the requirements for membership. A member may invite a visitor, with the permission of the president. The constitution provides for the reception of honorary members, of whom Miss Linda Richards is one.

It was decided to meet at the Nurses' Home the first Tuesday in each month from November to May inclusive, the hour of meeting to be eight P.M., as at that time the day nurses of the hospital are at liberty.

All officers are elected by ballot except the president. The constitution reads: "The superintendent of nurses for the time being shall be president of the club." We have been fortunate in having the same president since our beginning.

It has been customary to select the first assistant superintendent of nurses for vice-president, and a graduate, resident in the hospital, for secretary. The reasons for this choice are apparent. The president and the secretary are, *ex officio*, members of all committees. We have had frequent changes in the vice-presidency, as the assistant superintendents of nurses leave one after another to take charge of hospitals. There have been four secretaries, and one of these served ably for over five years.

As there is no expense, except that which is voluntarily assumed, there is no treasurer. Our expenses are usually limited to the postal cards announcing the subjects for discussion on the several dates of the club meetings. At first a card was mailed monthly to each member, but now there is a printed programme for the season. One of these announcements mailed to each member puts her in touch with the work for the winter. Occasionally we have an illustrated lecture, and we meet the charges contingent to having stereopticon views. A collection

taken at some well-attended meeting generally produces funds enough for the expenses of the season.

The hospital provides the place of meeting and light refreshments. The supper is served by the resident graduates, who act as hostesses and give the tone to the after part of the meeting.

The various committees are composed of non-resident and resident members in due proportion. The date of graduation is always considered, so that earlier and later graduates meet intimately.

Nurses who are doing private nursing who have been elected to serve on some committee may be out of town on long cases, and thus be unable for a time to attend to the duties devolving on them. But they find when they do appear at club, the first Tuesday in any month from November to May, that their resident colleagues have ably attended to their several affairs, and there need be no regret for unavoidable delinquencies. All the appointments, elections, and arrangements tend towards permanency. The prevailing conditions are duly considered each year by the Nominating Committee.

Under our paternal government we flourish. Our meetings are pleasant and well-attended, except during seasons of epidemics. Then the non-resident members are decidedly in the minority.

The meetings of the club were held in the parlors of the Nurses' Home till we overflowed our boundaries. Then we gathered in a waiting-room of the Out-Patient Department. This latter place, while lacking the homelike appearance of the parlors, and perhaps to some degree interfering with the social intercourse, proved more satisfactory from an acoustic point of view, and gave a more business-like appearance to the meetings. The "cups that cheer but not inebriate" are always in evidence, and no nightmare may be credited to the refreshments served. It is now proposed to hold the club meetings in the spacious reception-hall of the Vose House, the new Nurses' Home. This home was made possible by the benevolence of Madam Vose, whose memory will live long and keep green in other hospitals besides the Boston City Hospital. The cheeriness of the surroundings in the reception-hall should certainly provoke displays of wit and wisdom, and insure a brilliant season to the club for 1900-1901.

During the nine years of the club's existence we have had papers on every subject pertaining to the nurse. We have considered her attitude to the patient, to the family, to the domestic, and last, but not least, to the physician. We have discussed everybody's attitude to the nurse; her clothing, on and off cases; hospital uniforms; her diet when she provides for herself and when she has to eat what others provide. We have decided what is best for her to do for recreation in the allotted time

off duty, in the waiting between cases, and in the vacation period. We have considered her preparation for entering a training-school, her varied life in different hospitals, her itinerant ministry after graduation, and the progressive methods of nursing which tend to keep her on a plane with the modern nurse.

We have had letters from one of our graduates, who is now an English army nurse. Perhaps the Sphinx looks solemnly down on her training-school badge, which she lost in the sands of the Egyptian desert, and wonders where the Boston City Hospital may be.

We hear from another graduate who is doing district nursing in London, and see how her work differs from the district nurses' work in Boston and in other American cities.

In the winter of 1898-1899 we had personal reminiscences from Montauk Point, Chickamauga, Chattanooga, Fort Myer, Fortress Monroe, Tampa, and Cuba. We have letters from our graduates in Manila. We feel in touch with the world, but the fate of our missionary nurse in China is unknown.

Members of the visiting staff of physicians and surgeons have kindly given pleasant and profitable lectures, ranging from professional subjects to foreign travel. The superintendent, Dr. Rowe, has on several occasions provided the entertainment for the evening. When the occasion seemed to demand it, the club has had the use of the hospital amphitheatre, a lecture illustrated by stereopticon views being more effective there.

It would not be right to close this paper without mentioning the annual Christmas gathering at the Nurses' Home. This is older than the club, but is now a feature of it, and sometimes it takes the place of the January meeting. This gathering of the graduates is always of a social nature, and takes place sometime during Christmas week. The attire is more elaborate and the refreshments of a more festive character than at the usual monthly meeting.

The responsibility of sustaining and carrying forward the aims of the founders of this organization rests upon the present and future members of the school and the honorable body of graduates.



## PROPHYLACTICS

IN CHARGE OF  
MARY M. RIDDLE

### FOR BETTER PROTECTION

IN the need of better protection of the public, that there may be less scourging by the dread epidemics of infectious diseases, all trained nurses may find some opportunity for the realization of their ideals.

Such ideals were very possibly the forces whereby they found their places in the ranks of nurses, and were but vaguely expressed in the desire for usefulness.

Even those idealists who rightly or wrongly became convinced during the period of their training, and suffered disappointment in the belief that machinery has triumphed in our hospitals over the impotence of the individual, may here find scope for their powers.

The facts that the way is long and tedious, the process laborious, and the results not always tangible should not deter us from putting forth every effort and utilizing every means in our power to lessen the spread of infectious diseases.

You ask, "How can this be accomplished?"

We answer, "In many ways."

It may be accomplished largely by the practice of those precepts so faithfully taught in all our large training-schools, and which relate to scientific methods of disinfection, sterilization, and isolation. It may be furthered by the isolation and proper precautions that nurses impose upon themselves.

In none of these have we failed, but too often we forget to sow the seed of knowledge and thoughtfulness which shall spring up and bear fruit—even a thousand-fold.

How many have corrected the idea that "scarlatina" is a less infectious disease than "scarlet fever," and therefore its care demands less of precaution than a typical case, by the explanation that while it may be a mild form, its infecting principle is the same as that found in serious cases, and the necessity for isolation and disinfection is equally urgent?

How many, upon hearing of a "scarlet rash" in the neighborhood or among friends, have said, "That is dangerous. You owe it to the

community in which you live to keep that person from contact with others until such time as a thoughtful medical practitioner pronounces him safe to mingle with his kind"?

How many nurses are now clinging to the old belief that scarlet fever is not infectious until desquamation has fairly set in, and how many know the precise moment when desquamation begins?

How many realize the fact that certain articles, as books used by persons isolated for these mild attacks, are incapable of thorough disinfection, and therefore should be destroyed?

We know of no means whereby books may be rendered safe unless it may be by heat, and that destroys them. The fumes of formaldehyde, a thorough surface disinfectant, will not do it unless each page be separately exposed to its influence, which is practically impossible. Borrowed books ought never to find their way to such patients unless their return to the owner is not expected.

It is a plea for more thorough precautions in the care of mild cases of infectious diseases that we would make. There will always undoubtedly be harm done and epidemics started by unrecognized cases, and it may be that no one is blameworthy at the time unless those who should be vigilant fail through ignorance, which is always blameworthy in one who assumes responsibility.

Certainly no trained nurse, with all her wealth of practical experience, text-book instruction, and teaching in the lecture-room, can be excused if she fails in any particular.

#### NOTES

Since it is an established fact that the virulence of the tubercle bacillus is best maintained in the dark and does not develop well in the sunlight, it follows that all places frequented by persons suffering from tuberculosis should be flooded with sunlight, which is said to kill the germ within a period of time ranging from a few minutes to several hours, according somewhat to the amount and the manner of exposing the collection to its influence.

Evil habits often follow the use of sedatives for sleeplessness. Would it not be better to discover the cause of sleeplessness and treat that?

If caused by stimulating drinks, as tea or coffee taken at or near bedtime, avoid them; if caused by want of food, let some light nourishment be taken before retiring for the night; if due to an overwrought nervous system, possibly a little calm reading, of a nature not exciting, would have the desired effect. In some people, especially those that are anaemic, cold feet at night may prevent sleep; for these a hot-water

bottle and the envelopment of feet and legs in flannel should be used. In persons having a sluggish circulation, a little hot beef-tea or hot milk taken upon going to bed may have the desired effect.

It is said that nocturnal enuresis may be prevented in children by the simple expedient of elevation of the pelvis. The elevation is obtained by allowing the child one flat pillow for his head and placing one or two under the pelvis. This plan works especially well with older children, but young children require considerable watchfulness on the part of the mother or nurse in order to keep them in position. Limiting the amount of liquids taken by children thus afflicted will aid greatly in overcoming the difficulty.

The odor of iodoform may be removed from the hands of the surgeon or nurse by rubbing them with a teaspoonful of vinegar after soap and water have been freely used.

Aqua ammonia will remove stains on body or clothing made by tincture iodine.

To remove stains and discolorations from glass catheters, douche tubes, and syringes, put them in a basin of water with two drachms of lysol (two per cent.) and boil for one-half hour or more.

The odor of soda wash (chlorinated soda) may be removed from the hands by first washing them in cold water without soap, then rinsing them with a little spirits ammonia aromatic.

Keeping a child's nasal passages clean will often prevent mouth breathing.

Sponging a baby's head with cold water after the morning bath acts as a preventive of cold in the head.

Do not use too strong a solution of sodii bicarb. or of sodii borat. for washing mouths, as a condition of "dry moisture" may result. "Dry moisture" is the apt description of an Irish nurse. This also applies to rubber nipples, which may be made very distasteful to a baby.

Cold cream on the patients' lips before the administration of ether adds much to their comfort.

Glycerine is very irritating to the skin of some people, and more so to their mucous membranes. Keep this in mind when glycerine suppositories are ordered, and especially when glycerine enemata are to be administered. One patient characterized a glycerine suppository as a "burning coal."

It may be local irritation, not temper, which causes some children to scream and kick.

On a case of appendectomy in which a wet dressing was used, and there was fecal discharge for six months, the nurse found that washing the patient's back with solution of corrosive sublimate 1 to 2000 or 1 to 3000 prevented bed-sores. This was done twice a day. The same result may be obtained by the use of olive oil.

The teeth call for special attention in contagious diseases. No nurse can be said to be strictly aseptic whose teeth are in a condition of decay or whose buccal cavity is otherwise unclean. For the former, the attention of a dentist is required, while an antiseptic mouth-wash should be freely used for the latter.

Three Italian doctors have been making an experiment to free a certain locality of mosquitoes. Their method is to saturate the surrounding pools with chlorine and petroleum twice a month. The chlorine is supposed to destroy the mosquito, and the petroleum the larvæ. If successful, the method might prove a great blessing to any locality infested with these pests.

In order that surgical operations may be successful from an aseptic point of view, they must be conducted with constant reference to the minutest details regarding precautions. The attention perhaps cannot be wholly concentrated upon the details of aseptic precautions during an operation, consequently there are many breaks in the technique, often with disastrous results. The habit of taking precautions should be so strong upon the nurse that their practice becomes second nature. In other words, *she should do by instinct* all things necessary for the exclusion of disease-producing bacteria. She should not only do all things necessary, but she would do well to practise more than is simply necessary by forming a habit of taking such precautions as may seem trivial or even superfluous, thus avoiding the necessity for decision regarding trifles while the operation is in progress. If precautionary methods are to be instinctive, does it not follow that they must be constantly practised? Do even our large hospitals furnish the means for such thorough training of all their nurses? Is not herein the cause of failure on the part of many accomplished nurses when they essay to assist at surgical operations? Would it not be possible to meet the defect by class drill in the large hospitals? If public-school children can be taught by fire-drills to meet emergencies in that line, then why may not nurses be taught in a similar manner to take necessary aseptic precautions in real operations?

# CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF  
M. E. P. DAVIS

## A DESCRIPTION OF THE PROPOSED NEW LAUNDRY OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL

WITH SPECIAL REMARKS AND EXPERIMENTS UPON DISINFECTION IN  
CONNECTION WITH THE WORK OF HOSPITAL LAUNDRIES\*

By A. C. ABBOTT, M.D.

First Assistant in the Laboratory of Hygiene, University of Pennsylvania, now  
Professor of Hygiene, University of Pennsylvania

(*From the Laboratory of Hygiene, University of Pennsylvania*)

(Concluded)

FROM these experiments it is manifest that chemical disinfection carried on at a temperature not exceeding 100° F. is to be preferred, and that all efforts at disinfecting these articles by heat in any form whatever must necessarily result in permanently fixing the stains. If it is proposed to rinse out the stains prior to subjecting them to the disinfecting action of steam or boiling water, it is evident that the process of rinsing must be carried on at a time when some, at least, of the articles are capable of causing infection. Another advantage in favor of this method is that it does not require the employment of a disinfecting apparatus, an advantage readily appreciated by those having access to such a plant.†

For larger objects, such, for example, as mattresses or outer wearing apparel, the method of chemical disinfection is obviously not applicable, and only steam should be employed. Much has been said in regard to steam disinfection and the requirements of the apparatus designed for this purpose, but, unfortunately, it has been of such a character as to leave the impression that a steam disinfecter is necessarily a complicated

\* Read at the International Congress of Charities, Correction, and Philanthropy, Section 3, 1893.

† Samples of materials of different character that have been stained with blood and with fecal matters, and subsequently treated by the chemical methods just referred to, accompanied this paper. Each sample was labelled, and the results of the various methods could be seen.

and expensive apparatus, and in order that all theoretical requirements be fulfilled perhaps it is, but a boiler-iron cylinder of the necessary capacity, placed horizontally, with swinging doors at either end, an inlet for steam at the top, and a valved outlet for air and water of condensation at the bottom will be found to answer all practical purposes providing it is intelligently operated, and no hospital laundry is complete without such an apparatus.

In size it should be capable of accommodating at least two or three mattresses or their equivalent bulk of clothing. It may be either circular, oval, or rectangular in cross-section, and should be located horizontally in a room especially provided as a disinfecting chamber. It should be provided at either end with a door that when closed can be clamped, and the joint thus practically hermetically sealed.

It should stand in the disinfecting room in such a way that only one end is accessible from the room, while the other end can only be opened from the laundry, there being no communication between the disinfecting room and the laundry except through the disinfecter, which will always be closed, unless for the removal of articles disinfected or the reception of articles to be disinfected.

It is sometimes undesirable to place an apparatus of this size in operation for the disinfection of a few things from a single patient, and in this event, if heat is insisted upon as the method to be used, a covered metal caldron of forty to sixty gallons' capacity, provided with steam coils, so that the water contained in it can readily be brought to the boiling point, will be found of great convenience.

There is no doubt that some or perhaps all of these directions will be called into question because of their not taking into account certain theoretical details that are considered necessary in order that disinfection may be complete.

Disinfection as practised upon such resistant test objects as the spores of the bacillus anthracis might possibly not be complete if attempted by any of the methods that have been recommended in this paper, but it is seldom that objects of this character are to be dealt with in ordinary hospital work. The infectious agents requiring most frequent attention in hospitals, such, for example, as clothing soiled with dejections of typhoid patients, the soiled clothing from diphtheria and tuberculosis patients, and the articles from surgical cases will readily be rendered safe by any of the methods here recommended.

#### DISCUSSION.

DR. J. L. NOTTER, of Netley, England.—There are one or two points I should like to be very clear on, and that is the use of terms.

The term "disinfectant"—there is no more misused word than that. What do we mean by disinfectant? We mean some chemical agent which destroys specific poison. Now it is not to be confounded with an antiseptic; and the mere staining of clothing, which I take is the principal object of exhibiting these samples here, which is the result of chemical action itself, whereby albuminous substances which are thrown out in the discharge have been coagulated by the application of heat, is of little importance. The simplest method when you have a discharge to deal with is to receive the sheets or clothing into a solution of mercuric chloride, then subsequently treat the articles in the ordinary way. It is not the chemical action that causes these stains; they are simply produced by heat; it is the fixing of the albuminous compound in the infected clothing due to the discharges.

Now as to the question of disinfectants. Too much reliance has been placed upon them; that is my own personal experience. Disinfectants are good, but cleanliness is better. When I go into a hospital and smell disinfectants I am suspicious. The best destroyer of infected matter is one-half an ounce mercuric chloride, two or three ounces hydrochloric acid, and three gallons of water. The addition of hydrochloric acid prevents the mercury from doing any damage.

As to carbolic acid, I have carried on a great number of experiments. It is useful in some cases, but you must have it in not less than five per cent. solution.

I used in India for the destruction of the cholera bacilli five per cent. carbolic acid, and found it a fairly good disinfectant; but we preferred the mercury in the acid form for the typhoid.

As regards heat. Now, disinfecting chambers are not always available. Wherever they are available they should be used. Not only is it desirable for the clothing, but for the beds and bedsteads, and for everything with which the patient comes in contact that may require steam or atmospheric pressure to destroy any germs which it may contain.

These are, I think, the principal points that are dealt with. I must strongly recommend caution about accepting the results of experiments and thinking you have destroyed contagion simply because you have taken out the color. My own experiments do not lead me to place value of any consequence upon chloride of lime.

**DR. BILLINGS.**—For the disinfection of cloth, bedding, towels, and everything that can be boiled without injury the simplest and most certain method is to boil them. But if clothing soiled with blood and discharges from wounds or from the intestinal discharges be allowed to dry,

and is then put into boiling water, a permanent stain or discoloration will be produced. The articles to be boiled should go to the laundry without being allowed to dry. If soiled articles are put into cold water for two hours without any chemicals, the pigments will soak out, and then you can put them into hot water, boil them, and thoroughly cleanse them without fixing a stain.

In a great hospital receiving cases of typhus and typhoid fever and other infectious diseases the general laundry received bedding and clothing from all such cases, and these articles are washed, rubbed, and boiled together, yet there has never been a case of infection known to be traceable to the articles treated in the laundry. I believe that there is no danger of infection in a hospital laundry where everything goes in together—the clothing of the doctors, nurses, and patients. But there is a feeling of repugnance to such a mixture which I think should be recognized, and in every large laundry it is recommended, as in this paper, to have the articles of the physicians and attendants go to a separate laundry for treatment. Keep the washing of the sick person separate from the washing of the others, but not by reason of any bacteriological necessity, because it cannot be defended on that ground.

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#### PATIENCE

Not in the sense that we use it,  
Not in the bearing of trifles,  
Not merely enduring the evils  
That come to our lives and distress us,  
But with a far wider meaning  
Comes this word PATIENCE home to us;  
Showing that throughout our lifetime  
Must there be strong, steady waiting;  
There must be power of staying,  
Regardless of things that perplex us;  
Knowing this will at last bring us  
Unto the goal that we long for.

—*Selected.*

## HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF  
LINDA RICHARDS

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THE trustees of the proposed State Hospital for the Treatment of Incipient Pulmonary Tuberculosis presented their first annual report to the State Board of Charities November 30. The trustees state that they have examined twenty-six sites in the Adirondack region for the hospital, but that their choice of a site was narrowed by their desire to reduce the amount of truckage necessary in the construction and maintenance of the hospital, and to place the institution within a mile of a railway. They then state:

“ Several sites were visited three and four times, and at the end of September, at a meeting held at Albany, the trustees selected a site at the west end of Lake Clear in Township 21, in the county of Franklin. By the terms of Section 7 of the act incorporating the institution, such site is subject to the approval of the State Board of Health and the Forest Preserve Board. The Forest Preserve Board visited the site, as did also Dr. Daniel Lewis, the president of the Board of Health. A public hearing was held on October 11 by these boards of approval, but no decision has yet been rendered.”

Both the boards plainly intimated that they thought two or three sites should have been presented for their approval, and an examination of a site near Clinton Prison, at Dannemora, in Clinton County, was suggested by them, both from the conviction that the site would be a good one for a hospital for consumptives, and a belief that the labor of convicts could be used in the construction of the hospital buildings, and expense could thus be reduced. The report of the trustees concludes as follows:

“ The appropriation this year granted to us by the Legislature under the act of incorporation was fifty thousand dollars. The only expenses of the institution so far have been the travelling and other expenses of the trustees. We hope that the site may be purchased for from ten thousand dollars to twelve thousand dollars. More or less of the appropriation will be expended this autumn in making roads, clearing the ground, preparing reconnoissances, surveys, and making preliminary excavations, but certainly some part of our appropriation will remain unused. As to the

amount required by us for operating expenses next year, it may be said that there is so little probability of the hospital being ready for the reception of patients before next autumn at the earliest that we need only ask for a small amount, and this amount is rather in the nature of a precaution. But we think that the sum of twenty-one thousand six hundred dollars should be set aside as a precaution for the maintenance of the hospital during the months of October, November, and December in case it should be ready for patients by that time. In regard to the amount to be appropriated for the construction of the hospital by the next Legislature, we are of the opinion that a hospital cannot be built and equipped under two hundred thousand dollars, and we may add that our opinion is formed from information given to us lately by the State Architect. The preliminary plans for the hospital are now being prepared by Mr. Heins. It is our purpose to submit copies of these plans to a number of prominent medical men of America and Europe for their criticism and suggestions, so that when they are laid before you they will present the result of the best medical expert judgment that we can obtain."

THE Albany Hospital Training-School for Nurses, Albany, New York, had a benefit given in its aid by the patronesses of the hospital. The entertainment took place at Centennial Hall, Wednesday, December 12. It was a "portrait show" of famous paintings from old masters, for which a number of society women and young people posed. This effort to add funds to the resources of the hospital for the special benefit of the nursing department, including minor utilitarian needs of the wards, directs attention to the Training-School, which essentially underlies the success of every phase of the Albany Hospital's work. As this hospital is among the finest institutions of its kind in the United States, so the young Training-School is taking rank with the best educational institutions for nurses.

It is a liberal education in the humanities to realize what the trained nurse means to the hospital patient—this quiet, capable person, who wears outwardly the white cap and apron in token of her office, and in her heart the spirit of service to others. But the public in general knows little of the trained nurse, except as they catch a glimpse of her pink-and-white uniform and her bright face in the hospital corridors on visiting day. There are sixty of her in the Training-School and Nurses' Home, a busy world of earnest women. Her story in Albany is still brief enough to be novel. The school is only four years old. It was founded by Miss Emily MacDonnel, graduate of Johns Hopkins Hospital Training-School, and the school to-day in its equipments and work is second to none in the country.

The public has a proprietary interest in both hospital and Training-School. Generous philanthropy has made both possible. The Nurses' Home bears record of this in bronze upon its walls.

“‘The Son of Man came not to be  
Ministered unto, but to minister.’

In loving memory of  
Helen Franchot Douw Lansing

This tablet records  
The gift of a friend towards the  
Erection of the Nurses' Home.”

Therefore as a public institution the Nurses' Training-School renders its accounts and tells its needs in its annual reports, some of which this year have grown very pressing. The Nurses' Home was built to accommodate forty-seven inmates. It now finds room for sixty. The reception- and audience-rooms have been utilized for dormitories, precluding possible social life. Even morning prayers must be said in the corridor for lack of a proper place. This home occupies a pavilion opening from the corridor at the left of the main building. Here the nurses must eat, sleep, study, and spend their hours of rest or recreation.

The latest addition to the curriculum of the three-years' course is the diet-kitchen, opened about December 1 by Miss Huggins, a graduate of Drexel Institute, Philadelphia. The kitchen when fully equipped promises to be very complete. The course of training, besides the usual lectures by members of the medical staff and recitations by the superintendent of the school, includes practical experience in district nursing, and a registry for nurses is established. The hospital wards are in charge of graduate nurses, so that in practical work the best of instruction is given. An appeal is made for funds to provide accommodations for the increase of nurses, and also for Upper C Ward to provide couches for convalescent patients, and other small items necessary to the well-being of the institution.

THE Gouverneur Hospital, New York City, is ready for occupancy, though patients are not to be admitted earlier than the first of the new year. The new hospital is fitted without regard to expense. Everything which human ingenuity and foresight can do for the comfort and care of patients has been provided.

The building itself cost two hundred thousand dollars. The accommodations are limited to one hundred and fifty patients. The building is L-shaped, the long arm of the L being used for the wards, of which there are four. The greater portion of the wing is utilized for the accommodation of doctors and nurses.

Every room in the building has a telephone and a thermostat regulating the temperature. Every bath-room and lavatory is paved with encaustic tiles and sheathed to the ceiling with the finest of marble. In no ward is there an article of wooden furniture, all is of white enameled metal. Attached to each ward is a small kitchen with a pantry opening from it. The china- and glass-ware are of the most expensive description, and each piece bears the monogram of the hospital.

On the ground floor are the general offices, laboratory, X-ray room, Medical-Board room, children's wards, accident-room, and sewing-room. On the second floor is the nurses' sitting-room, the most conspicuous feature of which is a magnificent grand piano. The furniture is of massive quartered oak upholstered in red leather. On this floor also are nurses' sleeping-rooms, all very handsomely furnished. The doctors' quarters on the third floor are similarly furnished. The rooms of the superintendent, chief nurse, and house-surgeon are much more handsomely equipped. The top floor of the building contains the operating-rooms and kitchen, all fitted with the latest and most approved accessories.

THE graduating exercises of the class for 1900 of Smith Infirmary, New Brighton, New York, took place on the evening of November 16 at Hotel Castleton. The evening was a very pleasant one, and a good audience assembled to meet the class.

The trustees and Woman's Auxiliary occupied seats at the front. A stage prettily trimmed with flags and palms was erected at one end of the ball-room, and the effect was very pretty as the members of the school (all who could be spared from duty) marched in, led by Miss Twitchell, the superintendent, accompanied by her assistant, Miss Barnhardt, and followed by the graduating class, nine in number.

The nurses took their seats on the stage, and the exercises were opened with prayer by Rev. J. C. Howard; then Miss Twitchell gave her annual report of the school as well as considerable information regarding what many of the graduates are now doing.

Dr. Wisner R. Townsend, of Manhattan, then gave the address of the evening, and was listened to with a great deal of interest by all present, after which Rev. Howard gave a very interesting sketch of hospital work in former times. Mr. E. C. Bridgman, secretary of the Board of Trustees, then distributed the diplomas and medals, and Mr. W. S. Jones kindly sang in a very impressive manner that always enjoyable song, "The Palms," after which the young ladies and their friends passed a couple of hours very pleasantly in social intercourse and dancing, piano music being furnished by Miss Nellie Hillyer.

THE annual graduating exercises of the Kings County Hospital Training-School for Nurses, Borough of Brooklyn, took place at the chapel of the hospital on November 4.

The first prize, of fifty dollars in gold, for the best all-round nurse, was awarded to Miss Ella M. Wilson. Five other prizes were hospital positions as head nurses at thirty dollars per month, which were won by Miss Mary Gillen, Miss Rosalind L. Rood, Miss Margaret McCormack, Miss Margaret McDiarmid, Miss Alice E. Clarkson.

Hon. A. H. Goetting, Commissioner of Public Charities, Boroughs of Brooklyn and Queens, addressed the graduates, thanking them for their excellent and intelligent ministration of the poor and suffering confided to their care. Dr. A. T. Bristow followed, and counselled them to walk worthy of the profession they had chosen.

Presentation of diplomas by Dr. Duryea, superintendent of the hospital, then followed, and in a few well-chosen words he told the graduates they might each feel assured that she had fairly won and deserved the parchment which vouched for her.

Miss Ella M. Wilson was valedictorian.

A hospital badge was chosen for graduates, and the words "A friend of the human race" were adopted as the motto.

At the close of the exercises a reception was held in the hospital for the graduates and their friends.

THE annual harvest-home festival of the Bethesda Institution, 3815 Vista Avenue, St. Louis, Missouri, was held on the afternoon of December 1. The work, which was begun very quietly eleven years ago, has had constant growth. The report of the president shows that seven hundred and twenty-four persons have been cared for within the past year.

The festival included the opening of the new home for incurables on the east side of the large tract of land owned by Bethesda. The splendid three-story brick building has been donated by Mr. R. M. Scruggs, who not only gives the structure complete, with its handsome porch, its many rooms finished in fine oak and fitted with electric lights, all the latest sanitary appliances, and every convenience for hospital work, but he has also furnished the building, excepting a few rooms which other persons requested the privilege of fitting up. Every ward is ready for occupancy, the linen-closets are well filled, and the dispensaries fully stocked. Mr. Scruggs's charity extends also into the past. His gift of a building for contagious disease has for some time stood in the rear of the Foundling Asylum, and his benevolence it was which secured the land on which both infirmary and hospital stand. The incurable patients will soon be moved into the new home.

CLEVELAND business men are interesting themselves in the erection of an immense hotel and sanatorium at Green Springs, Ohio, a point about seventy miles from Cleveland. The plans call for a building which will lead in health resorts in this part of the country.

Green Springs has for forty years been known as the place where one of the richest medicinal springs in the land is located, and each year many people have gone there for treatment. Dr. A. J. McNamara, for three years identified with the Newburg State Hospital, is at the head of the undertaking, and he will assume the management of the place when it is completed. The business men associated with him are from Cleveland, Columbus, Toledo, and Cincinnati. The plans are being prepared and the building will contain two hundred rooms. The equipment will be the most modern, and every attention will be paid to details. There are two hundred and seventy acres of land in the tract which has been purchased. There will be an artificial lake, and a handsome casino will be erected. There will be billiard-rooms and bowling-alleys. The bath-houses will have glass roofs to permit of sun-baths. All about the immense place will be delightful walks and drives. Work is to be commenced immediately.

THE town of Gheel, in Belgium, is a town where simple-minded people dwell in peace with each other and the world at large. It is the home of about fifteen hundred lunatics, who are taken as lodgers by the townsfolk, all dangerous cases being passed on to the outlying villages, Gheel harboring only the harmless. The treatment of the patients is novel, cure being due to the kindness and tact of the townspeople.

The fees for taking the "innocents," as they are called, vary from eighty dollars to six hundred dollars a year, according to the manner in which the patient is kept. No matter what he pays, he is always the spoiled member of the family. The patient is always given the arm-chair, the best seat at table, and enjoys the most attention, so that he grows to value the esteem in which he is held to such an extent that he will make the greatest efforts to control himself lest he should forfeit his privileges. The spectacle is curious, and a visit to Gheel is almost as strange as Alice's visit to Wonderland. The tenderness and good will shown to the simple-minded folk and the entire absence of restraint would astonish our latest and most up-to-date asylum managers. There are not only many cures, but during treatment all the patients are happy and enjoy life.

THE Hard-Toilers' Club, composed of one hundred members, all colored men employed in the packing-houses of St. Joseph, Missouri, has

inaugurated a movement to establish a hospital in that city, and the initial steps have been taken by securing an option on a building suitable to the purpose.

The club proposes to raise funds by giving entertainments, and will not resort to the plan of soliciting from individuals. The members say that for every dollar secured they wish to give value received, and condemn the plan of begging. When one hundred dollars have been raised they will employ a matron and open the institution. They have been assured of some assistance by a prominent citizen as soon as they prove that they are in earnest in the matter.

The proposed hospital was suggested by D. K. Echols, who started a scheme of the same kind in Kansas City, and who has seen the institution grow until it is now self-supporting. The plan on which the St. Joseph Hospital is to be conducted is similar to that of the one in Kansas City. White physicians are to be employed and all races will be admitted as patients. The first entertainment in aid of the fund was given on Thanksgiving evening, at Echol's Hall, South St. Joseph.

ON the evening of December 7 six colored women, graduates of the Colored Home and Hospital Training-School for Nurses, received their diplomas in the lecture-hall of the Academy of Medicine, 17 West Forty-third Street, New York City.

Never before in the Northern States has there been regularly graduated a class of colored nurses, the care of the sick of that race having hitherto been intrusted to white nurses. There are in the South two schools for the education of negro nurses. The graduating class consisted of Misses Grace G. Newman, Nettie F. Jarrett, Annie L. Marin, Gertrude Johnson, Margaret M. Garner, and Mrs. M. E. Harris.

Dr. Stephen Smith delivered the address to the graduates. He said he had been informed that the course through which the nurses in this school were taken was exceptionally thorough, and that the only thing left to complete its success was the way in which its graduates would undergo the test of practical nursing.

The Colored Home and Hospital is situated at Concord Avenue and One-Hundred-and-Forty-first Street. The school is two years old, and the course is two years.

MONEY is being raised to build in the Adirondacks a Sanatorium for Consumptive Women. The committee, of which Mrs. George F. Shrady is chairman, Mrs. William Burr secretary, and Mrs. James E. Newcomb treasurer, is making every effort to hasten the work and enlist the sympathy of the people to raise the necessary one hundred thousand dollars.

The committee has the refusal of five hundred acres of ground in a site which is considered one of the finest for this purpose in the Adirondacks. It is on the direct line of the railway and has a private station. The Sanatorium will be much after the plan of the Massachusetts State Hospital. There will be ten-room cottages with rooms on each side of a sunny corridor with a skylight. The inmates will be expected to pay what they can, or will be admitted free of charge. The institution will be non-sectarian. It will be under the direction of the following physicians: Dr. Francis Delafield, Dr. Edward G. Janeway, Dr. George F. Shrady, Dr. Charles H. Knight, Dr. Charles M. Cauldwell, Dr. Arthur G. Root, of Albany, Dr. Henry Hun, of Albany, and Dr. James E. Newcomb. Checks can be made payable to the treasurer, Mrs. Newcomb, 118 West Sixty-ninth Street, New York City.

MR. J. P. MORGAN's gift to the Society of the Lying-in Hospital, the fine new building nearly completed on the north side of Stuyvesant Square, is fully described in the annual report of the society. The basement will be devoted to the out-door work, the first story to the executive offices, the second to the nurses, the third to the septic department, and the fourth, fifth, and sixth stories to wards for patients, accommodating about two hundred patients. The seventh story contains the operating-room, laboratory, kitchen, and laundry, while the eighth is a continuation of the laboratory, with additional amphitheatre seats for the operating-room.

The births in this borough are one hundred and fifty per day. There are only two hospitals on Blackwell's Island maintaining wards where cases of childbirth are received, and the Emergency Hospital, in East Twenty-sixth Street, contains only thirteen beds, making, according to report, a total accommodation at the disposal of the city of sixty-eight beds for waiting women and fifty-six beds for women in childbirth.

THE group of new buildings of the New York Hospital, New York City, were opened the evening of December 5. With the exception of the one-story structure to be used as governor's building, all are practically completed. The new group is just west of the older buildings on West Sixteenth Street. It consists of a ten-story building for private patients, a four-story dormitory for the hospital employees, and the governor's building, which is in the centre of the group.

The first floor of the private building is for administrative purposes. The physicians have their quarters on the second floor, the operating-rooms are on the top floor, and the rest of the building is for the patients. There are many single rooms and some suits of several rooms. Each of

the two operating-rooms on the top floor has its own separate suite of etherizing-, sterilizing-, and wash-rooms, and each has a separate ventilating plant. In the rear of the building for private patients there is an isolating department.

LEWISTON, Maine, is to have a new hospital. The Sisters' Hospital on Pine Street has long been unable to meet the growing demands, and a new one is about to be erected by its side. This work was established and is being carried on by the Gray Nuns. When finished this hospital will be one of the most complete in its appointments in New England.

Already the basement is in place. The work was commenced last August, and will be resumed in the early spring and pushed till finished. When completed the façade of the structure will be two hundred and six feet long, and the wing will be two hundred and four feet. The building will have a depth of forty feet. The cost of the hospital will not be less than one hundred thousand dollars. It will be equipped with all the improvements known to modern surgery, and everything will be the best of its kind.

PLANS for the Wage-Earners' Emergency Hospital building, to be erected at Harvard and Albany Streets, Boston, Massachusetts, have been filed with the Building Commissioner. Eventually the building will be seven stories high, but at first it will be carried up only two stories. The estimated cost of the first construction with the expense of site is one hundred thousand dollars. In the last twelve months twenty-nine thousand nine hundred and ninety-four dollars and ninety-five cents have been added to the hospital funds from certificates. The total receipts from all sources were fifty-one thousand four hundred and six dollars and sixty-three cents. There were sixteen thousand four hundred and eighty medical cases, and the average daily attendance in clinic was two hundred and ten.

THE report of the Columbus, Ohio, State Hospital for the Insane shows that a very large number of the inmates of the institution were, before becoming insane, farmers, laborers, housewives, or domestics. The trustees state that the capacity of the hospital is overtaxed, and recommend the construction of new buildings for acute and infirm cases. Each building, according to the recommendation, will cost fifty thousand dollars.

The average number of inmates for the year has been fifteen hundred and four, and the per capita cost of maintenance has been one hundred and forty dollars and fifty-one cents, a slight reduction over the cost in previous years.

THE graduating exercises of nurses were held at the University of Pennsylvania Hospital November 24. Thirty-one received diplomas and many friends were gathered together.

A very interesting address was given by the Rev. J. S. Dickson upon the continuance of Christ's healing touch through the medium of His faithful servants.

Dr. Martin gave an address from the medical point of view, and spoke of the danger of professional callousness.

At the end of the exercises Miss Macpherson, the superintendent, invited all the guests to partake of refreshments in her parlor.

IN New York City the charter revisers have proposed an amendment which provides that on February 1, 1902, the control and management of Bellevue Hospital, including its subsidiary hospitals, Gouverneur, Harlem, and Fordham Hospitals and the Emergency Hospital for Women, shall be taken from the Department of Public Charities and vested in a Board of Trustees appointed by the Mayor. Should this amendment become a law, the city hospitals will be under the same system of control as prevails in some other cities in this country. Similar methods of management exist in London and throughout the large cities of Great Britain.

A LINEMAN for the Eastern Telegraph Company was on December 8 taken to the Camden Hospital, Camden, New Jersey, with several vertebræ dislocated by a blow from a falling pole. Dr. Strack, the hospital chief, decided upon an experiment and acted quickly and successfully.

Four strong linemen, fellow-workmen of the patient, were called into the operating-room, and at the direction of the surgeon two men grasped the shoulders of the patient while the others seized the legs, and at the word of the doctor each pair pulled against the other with force. The vertebræ slipped into place.

CHIEF GOOD, of the Philadelphia Bureau of Health Councils' Committee, has recommended the appropriation of fifteen thousand dollars to provide rooms in the Municipal Hospital for the treatment of pay patients. The matter was brought before the Councils by the transmission by the Mayor of a communication from the Woman's Sanitary League to the Department of Public Safety concerning the necessity for such accommodations, and suggesting that the charge for a private room should not exceed twenty-five dollars a week.

A THIRTY-THOUSAND-DOLLAR annex for colored patients is soon to be built in connection with the City Hospital, Macon, Georgia.

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON

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### CONGRESS OF NURSES

THE Committee on convening a Congress of Nurses met on Thursday and Friday, January 3 and 4, 1901, at the Post-Graduate Nurses' Club, New York City. There were present Miss Keating, Mrs. Robb, Miss Riddle, Miss Alline, Miss McDowell, Miss Dock, Miss Thornton, Miss Walker, and Miss Banfield. Miss Keating was made temporary chairman. The provisional secretary, Miss Dock, reported on the preliminary work of sending announcements and invitations. Letters asking for delegates have been sent to the following organizations:

In the United States, to the Spanish-American Order of War Nurses, the St. Barnabas Guild, and all individual alumnae, clubs, and associations; in Canada, to the alumnae and to the Victorian Order of Nurses; in Great Britain, to the Royal Navy Nursing Service, the Army Nursing Service, the India Nursing Service, the Poor-Law Nursing Service, the Metropolitan Asylum Board, the Queen's Institute for Nurses, both the central office and the branches in Ireland, Scotland, and Wales; the Colonial Nursing Association, the Northern Workhouse Association, the Matrons' Council of Great Britain and Ireland, the League of St. Bartholomew's Nurses, the Royal British Nurses' Association, the Registered Nurses' Society, St. John's House, the Nurses' Co-operation, the Midwives' Institute, the Incorporated Society of Trained Masseuses, the Bradford Incorporated Nurses' Institution, the Dublin Nurses' Club, the Dublin Metropolitan Technical School for Nurses, and to the London, St. Bartholomew's, the Middlesex, St. George's, and St. Thomas's Hospitals in London, to the Birmingham General Hospital, the Leeds General Infirmary, the Royal Infirmarys of Edinburgh and Glasgow, the Western Infirmary of Glasgow, the Richmond, Whitworth, and Hardwick Government Hospitals in Ireland, and St. Patrick Dun's Hospital, Dublin; in Sweden, to the Sophiahemmet Nurses of Stockholm; in Denmark, to the Commune Hospital of Copenhagen and to the Danish Council of Nurses; in Holland, to the Wilhelmina Hospital, the Dutch Matrons' Council, the Dutch Nursing Association, and the Dutch Association for Furthering the Interests of Male and Female Nurses; in

Germany, to the Victoria House in Berlin, and the Hamburg Nursing Association, the Evangelischen Diakonie-Verein, the Deaconess Establishment at Kaiserswerth, and to the Central Committee of the Red Cross; in Italy, to the Blue Cross Nurses' Association, Naples; in Australia, to the Australasian Nurses' Association and the Prince Alfred Hospital Trained Nurses' Re-union; in Africa, to St. Michael's Home, Kimberley. Letters of invitation have also been sent individually to the superintendents of nursing or matrons of the large hospitals, members of the International Council, Matrons' Council, and the Superintendents' Society. As yet none have been sent to Japan and the East or to South America. The committee will be glad to learn of names and addresses of hospitals or of organizations or individual nurses in the other countries still unlisted to whom invitations may be sent. They also ask for names and addresses of army nurses of the Civil War. The various nursing journals also have had letters; however, the press in general is still to be written to. After the reports came election of officers, and it was moved and voted that the active officers elected, with the present committee, should compose the Executive Committee of the Congress of Nurses. They are as follows:

President and chairman of Congress, Miss Isabel McIsaac, of the Illinois Training-School, Chicago.

First vice-presidents, Mrs. Robb and Miss Keating.

Second vice-presidents, Miss Damer and Miss Snively.

Secretary, Miss Banfield.

Treasurer, Miss Riddle.

It was decided that Miss Florence Nightingale should be asked to accept an honorary title, and that representative nurses of the different countries should be placed on the list of honorary officers. These will be announced by name and title as they send their replies. The time of Congress by request of the Buffalo Nurses' Association was fixed for the week beginning September 16, Monday, Tuesday, and Saturday being agreed upon for business meetings, and Wednesday, Thursday, and Friday for the Congress programme. The Associated Alumnae will hold a short business meeting on Monday morning, the Superintendents' Society at noon, and the International Council of Nurses on the afternoon of Monday, the 16th, unless some change is announced. Committees were formed as follows: Finance, Reception, Programme, Publication (a standing committee), Local Arrangements (Buffalo Nurses' Club). Under "Finance," it was decided that a nominal entrance-fee to the Congress meetings should be charged to all except the foreign delegates, and that these should be entertained during the Congress; under "Reception," it was planned that each large city should organize a local

Reception Committee; under "Programme," the subjects to be treated were blocked out, leaving the details to the committee, as follows:

1. Hospital Administration:
  - A. Women as Heads of Hospitals.
  - B. How Hospitals are Administered in This and Other Countries.
  - C. The Executive and the Training-School Side of Hospitals.
2. Education of Nurses:
  - A. Preparatory Training.
  - B. The Training-School.
  - C. Post-Graduate Courses.
  - D. Teachers' College Course.
3. District Nursing.
4. Army, Navy, and Red Cross Work.
5. The Relation of the Modern Nurse to Modern Medicine.
6. Private Nursing.
7. Hourly Nursing.
8. Nurses' Settlement Work.
9. Ethics.
10. Legal Registration.

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#### NATIONAL COUNCIL OF WOMEN

THE committee appointed to adjust the matter of making application for membership in the National Council of Women held its meeting during the first week in January. Its members, Miss Keating and Miss Merritt, of the Superintendents' Association; Miss Healy and Miss Thornton, of the Associated Alumnæ, with Miss L. L. Dock as a member-at-large, decided that application be made at once and under the comprehensive title, "American Federation of Nurses." Having in mind the various bodies of nurses that would in time become affiliated, it was thought that this name would embrace all associations.

The secretary was instructed to make formal application to Mrs. Fannie Humphreys Gaffney, the president of the National Council of Women.

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THE Long Island College Hospital Training-School's Alumnæ Association wishes to announce the marriage of its president, Miss Collins, to the Rev. Cornelius L. Twing, of Brooklyn. We feel we are to be congratulated, as Mr. Twing has always been deeply interested in the nursing world and now stands, with his wife, ready to help us in whatever field of work we enter; consequently our association has received

a new impulse, and we hope to progress rapidly in every way. Our last meeting, December 10, was very interesting and enthusiastic.

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A MEETING of the "Graduate Nurses' Association" of Cleveland was held at the Lakeside Hospital on December 18. After the general business of the association was disposed of, an interesting discussion took place on the possibility of the organization offering practical assistance to the poor of the city, this assistance to be in the form of district or hourly nursing. Committees were appointed to thoroughly investigate ways and means adopted in other cities and by other organizations, and to report at the next monthly meeting. It is hoped that at that time some practical plan may be suggested by which the organization can start one or both of these forms of charitable nursing in a small way. The association received an invitation from the secretary of the Congress of Nurses at the Pan-American Exposition to send a delegate, and expressed itself as desirous of accepting the invitation. The last hour of the meeting was devoted to the entertainment arranged by the social committee.

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ON the evening of December 3 the Alumnae of the Training-School of the Hospital of the University of Pennsylvania gave a birthday party at the Home, Thirty-third and Spruce Streets, for the benefit of the nurses' endowed room.

The parlor, dining-room, and hall were tastefully decorated with palms and flowers. Music, instrumental and vocal, was rendered by a number of the nurses, and the University Glee and Banjo Clubs added greatly to the evening's pleasure.

Refreshments were served at nine-thirty, after which the large dining-room was used for dancing. We can safely say it was socially and financially a success.

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THE regular quarterly meeting of the Monroe County Graduate Nurses' Association was held yesterday afternoon at the Isabella Hart Home of the City Hospital, Rochester. The president, Miss Palmer, presided, and there was a good attendance.

There were a number of important matters which came up for discussion, one of which was the desirability of a Consumers' League to be formed in this city. Considerable time was given to a discussion of the work of the Consumers' League and the good results which it has effected in New York City, particularly in its fight against the sweat-shop

methods. Nurses in particular are interested in this feature of the work, since the sweat-shops are prolific sources of contagion and disease.

The by-laws and constitution of the association were also discussed, as some revision is to be made in these, but no formal action was taken at yesterday's meeting. It was announced that a Congress of Nurses will be held in Buffalo in the last week of September next, during the Pan-American Exposition, and Miss Palmer suggested the desirability of the association taking an active part in this Congress, owing to the close proximity of Rochester to Buffalo. She thought the association should appoint a delegate to attend the Congress officially, and it might be necessary to offer some financial assistance to the undertaking. This suggestion was favorably received.

The code of ethics, which had been presented at a previous meeting and laid upon the table, was taken up and discussed. In this connection was read a paper written by Miss Lavinia L. Dock, secretary of the International Council of Nurses, on "Ethics in Nursing." This was both bright and trite. Recess was then taken, when refreshments were served, and an opportunity was given the members to discuss the proposed code informally.

When the meeting was again called to order, the code of ethics as presented was amended and adopted. The preamble sets forth that the members feel the necessity of some definite moral force or laws which shall bind them in harmonious relations.

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IN March, 1898, there was organized in Cleveland the College Club, being a society of women graduates of any recognized college or university, either of this or foreign countries. The object of the organization was mainly to draw women graduates together and to provide some social and literary opportunities for those who were away from their own Alma Mater. That such an organization is appreciated is recognized by the fact that there are now over one hundred members.

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THE regular quarterly meeting of the Rochester City Hospital Alumnæ Association was held in the assembly-room of the Isabella Graham Hart Home for Nurses of the Rochester City Hospital on Tuesday, January 8, at three P.M. After the usual routine of business, a report of the Trained Nurses' Directory was read. The report shows the directory to be in a flourishing condition. Miss Ora M. O'Connor,

who has conducted it so admirably for the past two years, was retained as registrar for the coming year.

The Pan-American Congress of Nurses, which is to meet in Buffalo in September, 1901, was next discussed, the association voting to extend to the promoters their sympathy and co-operation. Owing to the small attendance no delegate was appointed. Three new names for membership were accepted.

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#### THE ORGANIZATION AND MANAGEMENT OF CLUBS AND HOMES FOR GRADUATE NURSES\*

THE subject of this paper is one of considerable complexity, upon which we can formulate no hard and fast rules, yet in general it is a topic of so much importance to the well-being of the graduate nurse that it should command our most serious consideration and call forth our best efforts.

Since the services of the graduate nurse have become a recognized necessity in the skilful and successful treatment of disease, much difficulty has been experienced by physicians and the public in ascertaining just where a nurse could be found and how to reach her in the shortest possible time.

Within the writer's memory the doctors of this city were in the habit of driving about, calling at the various houses, this time-consuming method of looking up a nurse being preferable to trusting to the uncertain messenger boy; but with the advent of the telephone all this was changed; the busy man no longer had time for a house-to-house visitation, but called up the nurse, who was fortunate enough to have a telephone. A little later this man, growing busier all the time, takes advantage of the fact that in a certain house are several nurses; if he can't get one, he may another. So the demand has grown until the club-house has become an absolute necessity from a business stand-point if from no other.

The chief difficulty in organizing a club of this kind is due largely to the fact that after leaving the school the nurses' ways become divergent, their social and business relations through the force of circumstances tending to separate them, all of which detracts from the loyalty they owe to their school and to each other; thus to gather together a band of graduate nurses, coming from different parts of the country

\* Read by Mary E. Thornton before the Third Annual Convention of the Nurses' Associated Alumnae of the United States, held at New York May 3, 4, and 5, 1900.

with different ideas and temperaments, for the purpose of propagating a successful union is a task not easily accomplished.

The history of the different associations is very nearly similar. Each one experiences in proportion to its membership an alarming deficiency of interest in this work. So great is this deficiency that to-day in our own city, with its ten or more large training-schools, there are only three club-houses that are recognized as having been founded by the nurses, for the nurses, and governed by the nurses; in other cities throughout the country a similar condition exists.

The increasing demand for graduate nurses renders it more and more imperative that there should be organization, that each association should have its own club, not merely nominal in character, but real, with settled laws and regulations as to membership and management.

In order that there should be a successful organization it is necessary at the outset that there should be first a strong feeling of fellowship, vigorous allegiance to one's school, and in general concentration of energies for mutual good. As it is expressed in the preamble of our constitution: "The object of this association shall be to promote the usefulness, honor, and interests of this school and of the nursing profession generally, to advance friendly intercourse among nurses, and to encourage unity of action in the profession."

One does not promote the usefulness, honor, and interests of her own school, still less of the nursing profession generally, when, upon receiving her diploma, she goes out among the laity, they taking her upon the good word of that school which graduated her, performs her work, be it ever so well done, receives her salary, goes home, amuses herself, and then another case: I repeat, be her work ever so well done, such an one does not promote the usefulness, honor, or interests of her school: preserve if you will, but promote—no.

There devolves upon that nurse a moral responsibility to further the interests of the school which vouches for her and gives her a standing in the professional world. Hers is a manifest duty. And how perform that duty? By organizing her club and instituting her study course is the interest furthered, for it is only by contact with our co-workers and by the interchange of ideas that progress is made, there being much truth in the charge that steadfastness of opinion, the conviction that your way is the only way, and an indifference to new ideas are the first signs of approaching age.

On this floor last year it was remarked in an off-hand manner, as if it were a matter of no moment, that "the nurse whose diploma bore the date of fifteen years back should be retired." What an outlook for the woman who spends three years in a large hospital, performing her

duties in its wards and pursuing her studies in its class-rooms! Is she only committing a certain amount of theoretical and practical knowledge sufficient to carry her through a few years? Is experience to count for nothing in this profession of ours?

There was little room for such a remark last year, and there is none this, for there are developing opportunities for post-graduate work, and there was inaugurated in the city the past winter by a co-operation of four alumnae associations on lines indicated by the Associated Alumnae what we hope may prove to be a study course for all graduate nurses throughout the country. Thus shall we be promoting the interests of the nursing profession generally, and by advancing friendly intercourse among nurses encourage unity of action in the profession.

Once organized, how shall the *esprit de corps* be maintained? We cannot imagine even an attempt at it without a trained nurse at the head, one of the body, for there are constantly arising questions in ethics the finer points of which a woman not a nurse could not possibly appreciate.

After organization numerous obligations spring up. The question arises, how shall such obligations be met? Shall the members be held directly responsible for the support and maintenance of the club, or shall such responsibility devolve upon one person? Evidently if the existence and prosperity of the club is to be assured, there must be some well-organized system of providing for its support and management. The success of such an undertaking must depend largely upon the support each member gives; hence it would seem that the welfare of the association would be best promoted by rendering the members as a body responsible.

Further than this, little need be said in regard to management, for if the organization be well founded, the question of management will adjust itself in a great measure to meet the requirements of the club. The one fact to be emphasized is that the liability for support should be vested in the members as a body, and the aid and support due from each be well-defined; thus a working union will be secured, harmony promoted, and the security of the association assured.



## FOREIGN NEWS

IN CHARGE OF  
**LAVINIA L. DOCK**

### ORGANIZATION NOTES AND CURRENT EVENTS

#### TRAINING-HOMES OF THE VICTORIAN ORDER OF NURSES FOR CANADA

THERE are two Training-Homes in connection with the Victorian Order of Nurses where special training in district nursing is given. These are in Montreal and Toronto respectively.

The word *home* truly expresses the congenial atmosphere which a nurse finds there. Every effort is made by the local boards in these cities to provide both well and liberally for the nurses' comfort, and the district superintendent in each case is verily a home-maker.

Nurses who hold a diploma of any recognized hospital training-school, who have had training in maternity nursing, who have a knowledge of the care of infectious cases, and who can furnish testimonials of work well done since the completion of their hospital training, may be admitted to one of these homes for a course of six months in district nursing. The first month they are on probation, and wear their school uniform; if during this period they show an adaptability for this particular branch of nursing, and if it is their wish to take the full course, at the end of the month they are given the uniform prescribed by the order. An allowance of fifteen dollars a month with maintenance is provided from the time of the nurse's entrance.

The uniform is an English print in three shades of blue, a large white apron with bib, turned-over collar and cuffs, and linen cap. The out-door uniform consists of a dark-blue ulster and blue sailor-hat. The nurses carry a leather bag equipped with necessaries required for either maternity or surgical cases; they may also have occasionally to carry a bundle of fresh linen from the loan supply.

The district lady superintendents make regular visits with their nurses and teach them how to get ready an ideal sick-room in the home of those who are living in poverty and dirt; but, alas! there are instances where this very important change cannot be accomplished. The nurses learn to go into the homes of the sick with a cheerfulness and a readiness to perform their duties which are in themselves a tonic to their patients, and also try to inspire the children with some appreciation of cleanliness. In one instance, where the nurse was caring for a mother during her eighth confinement, the children, rising above each other like tiny steps, were uncared for and the whole house was very dirty. A few mornings after the nurse's first visit, the eldest little girl, aged seven, ran to the door to greet her on her arrival. Her face was shining with the application of soap and water, and she exclaimed, "We wash face, comb hair all day."

The nurses are continually urged to make an effort to instil into the minds of the people with whom they thus come in contact the fundamental rules of good

health, namely, cleanliness, fresh air, and simple and properly cooked food. But unless they have the power of imparting knowledge on these very important subjects, and are prepared to do so in a tactful and pleasing manner, they have made a mistake in their choice of a profession. It is not enough for nurses to preach on these subjects, they must practise them in the home life. A nurse who is careless about airing her own bed before making it, neglectful of her articles of toilet, wears her hair frizzed and untidy, and pins her apron instead of buttoning it, is not the nurse for the Victorian Order. One who does district nursing must be herself a paragon of cleanliness and neatness, or she is incapable of becoming a "health missionary."

Each of the Training-Homes contains the nucleus of a library, in which are to be found such books as have been published on district nursing. The nursing magazines are subscribed for, and every effort is made to render the course as educative as possible. As the demand for the services of the district nurses becomes greater, larger classes will have to be formed, and then a regular course of lectures will be given.

The nurses rise at six-thirty and breakfast at seven; then they attend prayers, put their rooms in order, and are ready to start out on their rounds at eight o'clock. In order to husband both their time and strength, the trams are freely made use of.

Three or four patients may be made comfortable by one nurse in the course of the morning. A chart and report-sheet, showing the condition of the patient, are kept in an opaque envelope in the sick-room for the benefit of the doctors. The latter write down their orders, and thus it often happens that they and the nurses may see many cases through without the necessity of meeting.

The nurses return to the home for dinner at one o'clock, after which they make ready their bags for the afternoon visits. The remainder of the time is spent in rest and study until a quarter to four, when they take a cup of tea before going again into the districts. Supper is at seven-thirty, and after preparing the bags for the next day's work and attending to their record and time-books, the rest of the evening until bed-time is for recreation.

The nurses are off duty for several hours consecutively every Sunday, and one free afternoon a week is granted to each nurse unless a special press of work makes this impossible. There are occasional night calls, but at the Montreal home a nurse is engaged for this special work.

This brief sketch of the daily routine at the Victorian Order Training-Homes will be supplemented later on by an account of the admission of a nurse to the order itself after her district training is completed, and of the kind of work she may be called upon to perform.

CHARLOTTE MACLEOD,  
Superintendent.

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#### OPENING OF THE GENERAL HOSPITAL OF PUERTO PRINCIPE, CUBA

FRIENDS of the American nurses who went to the hospital at Puerto Principe last summer will be interested to hear that after six months' waiting for necessary repairs and renovations the hospital is now open and in fairly good running order, the supplies and furnishings having been sent from the States. The hos-

pital has at present about one hundred patients, and a training-school has been established numbering twenty-five young Cuban women. Their intelligence and aptitude for the work so far give cause for gratification and encouragement on the part of their teachers. There have been a number of operations, and the doctors seem very much pleased with the nurses' work.

Mrs. Quintard will leave Puerto Principe shortly to assist in organizing similar work in the large Civil Hospital in Santiago de Cuba. Miss M. A. Mitchell will remain in charge at Puerto Principe, assisted by Miss M. A. Robertson, of New Haven Training-School; Miss C. L. Borden, St. Luke's, New York; Miss A. Alberti, St. Luke's, New York; Miss Alice P. Lyon, Brooklyn Homeopathic Training-School; Miss M. I. Smith, Philadelphia Hospital.

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#### ST. BARTHOLOMEW'S LEAGUE AND THE CONGRESS OF NURSES

THE League of St. Bartholomew's Nurses at their November meeting considered the question of sending a delegate to the Congress of Nurses to be held in Buffalo next September. We are pleased to learn that they intend being represented there and hope other organizations of nurses in foreign countries will follow their example.

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#### LETTERS

##### FROM OUR SPECIAL ENGLISH CORRESPONDENT

###### A NEW CLUB.

ANOTHER item of interest in the nursing world over here is the formation of a professional and social club by the nurses of Dublin. The following objects will give you some idea of its scope:

###### OBJECTS.

1. To provide a meeting-place for the mutual improvement of nurses where professional matters can be discussed.
2. To bring into touch with each other the members of the different branches of the profession,—medical, surgical, fever, obstetric, mental, and massage nurses,—whether engaged in hospital, in private, or in district work.
3. To provide reading-rooms supplied with daily papers, nursing and medical papers, and some periodicals.
4. To provide a department for registering the names and addresses of members engaged in private work who require employment.

Miss Huxley, lady superintendent of Sir Patrick Dun's Hospital, Dublin, so well known for her sturdy support of legal status for nurses, has been elected the first president, and the committee includes the names of some of the brightest and most energetic matrons in the capital of the Emerald Isle.

###### THE NIGHTINGALE TRAINING-SCHOOL.

An event which has given great satisfaction in the nursing world here is that the committee of the Nightingale Training-School connected with St. Thomas's Hospital propose to grant a certificate to their nurses in the future. Up to the present time no certificate has been given by the school, but the names of the probationers who have passed through the prescribed curriculum to the

satisfaction of the authorities have, at the end of one year, been placed on a Register of Trained Nurses kept by the hospital.

The regulations in force up to the present time have been as follows:

"The term of the probationary training is a complete year, and candidates will be received on the distinct understanding that they will remain for that length of time.

"The names of the probationers will be entered in a register in which a record will be kept of their qualifications. At the end of a year those whom the committee find to have passed satisfactorily through the course of instruction and training will be entered in the Register of Nightingale Nurses.

"Probationers on completion of their probationary year's training must be prepared to take service on the nursing staff of some public hospital or infirmary, or in district nursing, and to continue in similar service wherever offered to them by the committee for a period of two years at least."

This standard of training is obviously now obsolete, although when it was first laid down, in the year 1860, no doubt it was in advance of any then in force.

The Nightingale Training-School has suffered to some extent from the very fact of its being the pioneer school in this country, inasmuch as its standards have not kept pace with the great advances made in nursing education in the last thirty years in younger and more vigorous training-schools. Those of us who have desired to give our mother of training-schools the place in our respect which as the pioneer it should command have always regretted the way in which it has tenaciously clung to its original standard, and welcome the fact that at last this is to be raised. The custom of giving annual gratuities for satisfactory service is also to be discontinued. It is one which must surely be a legacy from the times when probationers were almost exclusively drawn from the totally uneducated class.

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UNION JACK.

#### SOUTH AFRICA

I HAVE been here now over two months, having left England on August 4. You may guess how delighted I was to have the chance of active service, though as a matter of fact we got here rather late for the active part of it. Twenty of us came out together, and only one has had the good fortune to be sent up country. The rest of us are all in base hospitals. There are a number of these within a few miles of Cape Town, the chief of them being Wynberg, Woodstock, Simon's Town, and Greenpoint. The latter seems on the whole to have the best hospital for work, though as it happens none of them are very busy just now. The enteric and dysentery season has only just begun, and no doubt in another month there will be plenty to do. At this camp we have two large compounds for the Boer prisoners, of whom there are about four or five thousand. There is a hospital for light cases on the compound, but we also have a ward here for serious cases

I have had charge of this ward for a month on day and now have it by night, as we change from day to night duty every month. I have been very glad to have this chance of making acquaintance with "our friend the enemy." They make good patients and many of them are very nice fellows. One cannot help feeling so sorry for some of them, for they have lost *everything* in this war. There was

one man here a short time ago who had his father and four brothers killed in one engagement, and his farm has since been burnt and his mother and sisters sent away, and this is only one of many such cases.

When this war is over it must surely be a great problem what to do with the many thousand prisoners on our hands. Every week we have fresh troops of them sent here, and then as the new ones arrive they send on the old ones to Ceylon or St. Helena. It is a strange sight to see them arriving from up country, and we see plenty of them, for they all come past our quarters, which are close by the roadside. Two hundred of them passed by last Thursday, surrounded by a large escort; such a motley group of old and young,—boys even who did not look more than sixteen, and old men with long white beards,—and they all looked so tired and worn out, dirty and ragged; some could hardly walk and were being helped along by the escort, and all carried big bundles of clothes, cooking utensils, and such like articles. One cannot help thinking they must be glad to be shut up in the compound, where they will have no more fighting and marching and be able to rest. Once there they are very well looked after, have sports of all kinds to amuse them, whilst new clothes and even luxuries are given to them by the Dutch Committee of Cape Town, who subscribe hundreds of pounds for the prisoners, the Government sanctioning their so doing. This country is full of pro-Boers, and one can never feel sure whether one's acquaintance is friend or foe.

Our hospital work here is rather a contrast to that of a civil hospital,—in fact, military work is altogether original. Tommy is fortunately a model patient and never complains. Of course, now things are much better than they were at the beginning of the war, but then there was some excuse if medical appliances, etc., ran short; now there cannot be any, and yet we have to go without many things which would be considered necessary in any civilian hospital.

The system of orderlies always seems such a faulty one. Some orderlies are good enough for day work, if they can be well looked after, but at night they are most unreliable, for they cannot or will not keep awake, and if you have bad cases in the ward and are not able yourself to be there all the time, you are never sure what may happen. We civilian nurses of course do a good deal of work ourselves, though the regular army Sisters seem to consider it much beneath their dignity and rather despise us for the energy we show.

This war will have done some good if it only exposes the deficiencies of the army medical service. I saw Miss — a few days ago. She, like myself, thinks very badly of our nursing system out here, but then things are much worse at — than here. We are all so much wanting to go up country, though at present there seems little chance, as they are so well supplied now with nurses everywhere. It would be so annoying to return without having seen any of the scenes of the war. Anyway, I shall hope to go to Kimberley, as I have a brother living there, and even this would give one some idea of the country, which is vastly different from this part of the Colony.

The scenery about here is beautiful. We are close to the sea, the whole of the peninsula, composed of Table Mountain and its offshoots, forming a beautiful variety of mountain and valley scenery. They are covered now with the silver-leaf tree and numberless other flowering shrubs. Dotted amongst the valleys are picturesque old Dutch farms. . . . It is impossible to say how long we shall be out here, but very likely for another year; then, as we are to keep a standing army of fifty thousand in the country, that means we must have more

permanent hospitals, and many of us will be kept on for those. However, I do not think I could stand army nursing in time of peace; I would rather go back to the other work. . . . We have twelve hours on duty here and twelve off. By day one can get off in the afternoon if one's cases are not too bad to leave in charge of the orderlies. By night one's time is really more taken up,—that is, if one has two wards, as I have. Each ward is a separate hut built of wood with galvanized sheeting outside; each contains about thirty-six beds. I have some rather bad cases now in the wards, so have to make frequent rounds, as the orderlies would be sure to go to sleep. My two huts are close to the Boer compound.

It is now four A.M., and the prisoners are already singing their morning psalms. They seem to be a most religious kind of people, for they hold these services three or four times a day, and when there are over two thousand voices singing together you may imagine the effect is most impressive. They sing all their psalms to monotonous, drawling tunes, "Old Hundred" being one of their favorites.

I have been trying to pick up Dutch since I have been here. It is not very difficult to learn. Many of the Boers can speak English, but often they pretend they cannot, for they so hate us that they will not speak our language. We occasionally get other than Dutch in from the compound; just now I have a Frenchman, a German, and an Englishman. The latter tried at first to pass himself off as Dutch, but becoming delirious he soon betrayed himself. It is hard to have much sympathy with these men, but with the poor Boer it is different, for he has, after all, been fighting for his home and country, and one can only admire him for it.

So many men are really half Dutch and half English by birth that this seems to have been almost a civil war. Unfortunately, though we have really crushed the power of the Boers, I fear it will take many generations before we can stamp out the ill-feeling. I see it is time for me to begin my morning work, so I must close this ready for the weekly mail. . . .

[The above letter, having been written without intention for publication, is for this reason given without the name. The writer is a graduate of one of our hospitals, and her letter was kindly given to the editors by the friend to whom it was written.—Ed.]

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THE secretary of the Dublin Club, Miss R. C. Rowden, has just sent us a delightful account of the inaugural meeting of the club, at which two hundred and seventy members were present, the total membership being four hundred and two. (Will some of our American associations notice these numbers and hang their heads?) She also sent their "Rules," which we would like in a later number to reprint.

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THROUGH the kindness of Herr Doctor Zoëllner we have received the Sixty-third Annual Report of the Kaiserswerth work, from which we intend soon to give some extracts.

The new organ of the Holland association for furthering the interests of nurses, women and men, has also reached us. It is called *Nosokomos*, and the last number gives a paragraph to our forthcoming Congress.

## EDITOR'S MISCELLANY

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### DEATH OF MISS ELLEN M. WOOD

NEW YORK, January 9, 1901.

*To the Editor THE AMERICAN JOURNAL OF NURSING.*

DEAR MADAM: As secretary of a meeting of the "Committee to Secure by Act of Congress the Employment of Graduate Women Nurses in the Hospital Service of the United States Army," held in this city November 13, 1900, I have the honor to transmit to you for THE AMERICAN JOURNAL OF NURSING the following extract from the minutes of that meeting having reference to the death of our esteemed associate, Miss Ellen M. Wood, of Mount Kisco, New York:

"The members present at the meeting were: Mrs. Whitelaw Reid, Mrs. William Bayard Cutting, Miss Anna C. Maxwell, Miss Louisa Lee Schuyler, Miss Irene Sutliffe, all of New York; Mrs. Joseph Hobson, of Washington, and Miss C. K. Meredith, of Philadelphia.

"The chairman, Mrs. Whitelaw Reid, stated that before entering upon the business of the meeting it was her duty to announce to the committee the death of one of its most honored members, Miss Ellen M. Wood, at Copenhagen, Denmark, August 9, 1900. She desired to express her sense of the great loss sustained by the committee.

"Miss Schuyler said that the circumstances connected with the death of Miss Wood were so exceptional in character that they deserved special mention. Going abroad for her health last summer, accompanied by her father and sister, the vessel had left New York but a few days when it came to Miss Wood's knowledge that one of the seamen was ill with pneumonia. There was no one on board who knew how to nurse him, and she offered her services. In her enfeebled condition, caused by devotion to our sick soldiers in Fort Hamilton through the late war and by subsequent drafts upon her strength, she nursed the man through the long voyage. He recovered. She was taken ill with typhoid fever and died shortly after landing in Copenhagen. As she had lived,—always ready to help where help was needed, able, strong, tender, most unselfish,—so she died, a heroic death, literally giving her life for the life of another.

"Miss Schuyler read part of a letter from Mrs. Winthrop Cowdin, in which she speaks of Miss Wood with the greatest esteem and affection, adding: 'Her life, so touchingly beautiful in her service for others, is one her friends will never forget.'

"Miss Maxwell and others recalled Miss Wood's presence at the last meeting of the committee, in May, and spoke of the nobility of her life and character.

"Miss Maxwell offered the following minute:

"It is with profound sorrow that we record the death of Miss Ellen M. Wood, which occurred in Copenhagen, Denmark, August 9, 1900. In the death of Miss Wood, who was eminent in her community for works of love and charity and helpfulness to others, this committee and the nursing profession have lost a most valued member. From her experience during the late war Miss Wood felt strongly the necessity of securing permanency for the intelligent, responsible nursing of our soldiers, and she entered into the work of the committee with enthusiasm. Her clear insight, mature judgment, and convincing argument have been valuable aids in the advancement of the cause of the Army Nursing Service Bill."

"Upon motion, the above minute was approved and ordered to be entered in full upon the records of the committee. The secretary was directed to send a copy thereof to the family of Miss Wood and to *THE AMERICAN JOURNAL OF NURSING*."

Very respectfully yours,

LOUISE LEE SCHUYLER,  
Secretary *pro tem.*

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#### DEATH OF MISS MARGARET McKEAN

MISS MARGARET McKEAN died recently at the Cullis Home for Consumptives, and in her death the erring and the unfortunate in Boston have lost one of the kindest friends who ever made life easier for them. As long as her health permitted, her life was devoted particularly to the interest of those who most needed a friend in the hour of trial. Miss McKea was well known among many of the best families of the city as a patient, loving nurse in any kind of sickness. She will be perhaps best remembered as a friend of the unfortunate and the infants, whose tender years made them special objects of her compassion.

Miss McKea was born in Brooklyn, New York, fifty-five years ago, and came to Boston about 1885, graduating from the Nurses' Training-School at the City Hospital. She was also a graduate of the Boston Lying-in Hospital. For seven years she was the matron of the Massachusetts Infant Asylum, and here won the regard of all who were interested in the institution and all those whose misfortune brought them under her care. Some six years ago consumption set its seal upon her, and she went to California and other Western points in a vain quest of recovery. After her return to the East she spent nine months at Sharon, and since May, 1899, has been a patient sufferer at the Cullis Home, her burden being lightened by the loving care of her devoted friends.

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#### MARRIAGE OF MISS BARNHARDT

MISS GRACE C. BARNHARDT, graduate of Massachusetts General, directress of nurses at St. John's, Brooklyn, and for some time assistant superintendent of Smith Infirmary, was married in Ottawa on November 6 to Colonel Loomis Langdon, a retired officer of the United States Army.

They have gone abroad for a year or more.

## BOOK REVIEWS

**FAT AND BLOOD**, Eighth Edition, and **DOCTOR AND PATIENT**, Third Edition, by S. Weir Mitchell, M.D., published by the J. B. Lippincott Company, Philadelphia.

A very large number of medical books are neither interesting nor especially valuable to the rank and file of nurses, and it would seem that the heads of our schools should give more attention to the subject, exercising careful judgment in the selection of reference libraries and also in advising young graduates what books to procure. The two volumes mentioned are both excellent. For nurses who make a specialty of nursing the nervous "Fat and Blood" is particularly good, especially for such of us as were trained in general hospitals where the methods employed by Dr. Mitchell are not usually carried out in detail.

"Doctor and Patient" is "intended for the instruction of the laity," which we may safely assume includes nurses. It is extremely interesting and entertaining, as well as valuable, being the point of view of the doctor, the gentleman, and the literary man.

If a nurse buys only such books as set forth an array of statistics, then "Doctor and Patient" is not what she wishes; but if her interests are wide enough to include the ethical and professional side of relations with the sick, she will find this little volume not only food for reflection, but also really enjoyable.

ISABEL MCISAAC.



## CHANGES IN THE ARMY NURSE CORPS

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### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 12, 1901

ANNAN, LUCY C., who reported in San Francisco from transport duty December 10, has had her contract annulled.

Bauer, Christiana M. (Mrs.), transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Beecroft, Laura Anna, reported at the First Reserve Hospital, Manila, from transport duty.

Betts, Julia M., chief nurse at Calamba, transferred to the First Reserve Hospital, Manila, as nurse.

Buckley, Mary E., transferred from the Santa Mesa Hospital, Manila, to Iloilo November 12, 1900.

Brown, Mrs. Jessie M., transferred from the United States General Hospital, Tientsin, China, to the First Reserve, Manila, November 21, 1900.

Call, Sylvia, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, Philippine Islands, November 21, 1900.

Casey, Joanna B., arrived in the Philippines on Sherman December 1, 1900, and was assigned to duty at the Second Reserve Hospital, Manila.

Cleland, May, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Cox, Sara M., transferred from Lucena, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900.

Eastham, Marian, transferred from First Reserve Hospital, Manila, to duty at Vigan, Philippine Islands.

Fairbanks, Helen G., recently appointed for duty in the Philippines, assigned to the United States Military Hospital, Nueva Caceres, Luzon.

Friton, Emily, transferred from the United States General Hospital, Tientsin, China, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Gertsch, Bertha M., recently appointed for duty in the Philippines, assigned to the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Graham, Catherine B., transferred from Lucena, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900.

Hanbury, Anna A., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Hasemeyer, Augusta D., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Hoffman, Matilda, nurse at Calamba, Philippine Islands, promoted to the position of chief nurse at that hospital November 1, 1900.

Howard, Carrie L., recently appointed for duty in the Philippines, assigned to the Santa Mesa Hospital, Manila.

Hughes, Clara E., reported at the First Reserve Hospital, Manila, from transport duty on the Grant.

Jones, Helena E., transferred from Second Reserve Hospital, Manila, to duty on the Grant en route to the United States. Arrived in San Francisco December 31.

Kemmer, Alice S., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Lane, Effie, reported at the First Reserve, Manila, October 31, from transport duty, and from thence assigned to duty at Lucena November 17.

Lasswell, Ida H., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Linsley, Anne G., transferred from the First Reserve Hospital, Manila, to duty at the Santa Mesa Hospital, Manila.

Lippert, Ida Dora, transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

McCarthy, Theresa E., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

McGee, Anna, transferred from Calamba, Philippine Islands, to duty on Grant en route to the United States. Arrived in San Francisco December 31, 1900, and assigned to duty at the General Hospital there.

Martin, Katherine E., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Mickle, Rebekah, reported from transport duty at the First Reserve Hospital, Manila, and transferred thence to Vigan, Philippine Islands, November 12, 1900.

Moore, Marie E., sailed from San Francisco December 17 on Logan en route to the Philippines.

Morrison, Henrietta C., sailed from San Francisco on transport Hancock January 1, 1901, en route to the Philippine Islands for duty.

Pickel, Helen M., left the First Reserve Hospital, Manila, for duty at Lucena, Philippine Islands.

Purves, Mary O., transferred from the United States General Hospital, Tientsin, China, to the First Reserve Hospital, Manila, November 21, 1900.

Redecker, Henrietta L., transferred from the First Reserve Hospital, Manila, to duty at the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Reed, Augusta G., sailed from San Francisco on transport Hancock January 1 en route to the Philippines for duty.

Russell, Genevieve R., who was under orders to return to the Philippines after leave of absence, had her contract annulled on account of illness in her family.

Spear, Eliza B., transferred from the First Reserve Hospital, Manila, to duty at the Santa Mesa Hospital, Manila.

Trenholm, Eva, recently reported in the Philippines from transport duty and assigned to the Second Reserve Hospital, Manila.

Unger, B. Matilda, transferred from duty at the First Reserve Hospital, Manila, to Vigan, Philippine Islands.

Ward, Eugenie M., recently reported at the First Reserve Hospital, Manila, for duty, transferred to the United States Military Hospital, Nueva Caceres, Luzon, Philippine Islands.

Weathers, Eloise M., reported at the First Reserve Hospital, Manila, from transport duty November 13, 1900.

Wilson, Sibbie, reported in San Francisco from transport duty December 10, 1900, and sailed from there on Hancock January 1, 1901, on return journey to the Philippines.

Young, Agnes G., transferred from the United States General Hospital, Tientsin, to the United States Military Hospital No. 2, Pekin, China, November 16, 1900.

Zellar, Clara M., reported in San Francisco from transport duty December 10, 1900, and sailed from there on Hancock January 1, 1901, on return journey to the Philippines.

## THE EDITOR

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THE Pan-American Exposition at Buffalo bids fair to be a much greater enterprise than some of us had anticipated. The list of conventions which have already selected the Pan-American city as their convening place makes interesting reading. In a prospectus which we have recently seen giving an outline of the various attractions of the Exposition is a long list of these conventions, representing every kind of an organization ever heard or dreamed of. Following in the wake of the "Shirt-Waist and Laundry-Workers' International Association," "Hoo-Hoos' National Convention," and the "State Side-Path Commissioners' Convention," we find the "International Council of Nurses," directly followed by the "American Boiler-Manufacturers' Association" and the "State Synod of the Presbyterian Church" sandwiched in between the "Knights of the Golden Eagle" and the "New England Cotton-Manufacturers' Association." Judging from the congresses of the Chicago Exposition, the schedule for the intellectual, philanthropic, and educational congresses has not yet been completed, as, aside from the two already referred to, most of the others are conspicuous by their absence.

MISS LAMPE has given us quite a new idea in regard to the necessary cost of living in Europe. In no way can a tired worker get the complete mental and physical change and rest as in the trip, if only of a few weeks, across the ocean. Until recently the expense of the ocean voyage has been prohibitive to people of moderate means, but with the great increase in the cattle-trade with foreign countries, several lines of cattle-steamers have been built that carry a limited number of passengers. For anyone who is not pressed for time, these boats are unusually comfortable, as in order to prevent injury and discomfort to the cattle they are specially designed so as not to roll, and the two weeks' required for the voyage may easily prove the most delightful part of the trip. For thirty or forty dollars one can cross in these boats and be sure of comfortable accommodations. They are largely patronized by a cultivated class of people with limited means, who have learned how to get the most out of their travels. Miss Lampe, who is a "Bellevue" graduate,

offers to give in detail any further information for the benefit of nurses who may desire to act upon her suggestion. In a later issue we shall endeavor to give, especially for the benefit of our foreign friends who are planning to attend the "International Council of Nurses," a list of these steamers with their summer rates.

PERHAPS we, as a profession, look upon ourselves as business women more than anything else, but we doubt whether our business manager, if he were to give his honest opinion, would be willing to make that endorsement. Every month since the JOURNAL has come into existence the business office has been besieged with letters of complaint that the JOURNAL has not been received by scores of subscribers. In almost every instance investigation has proven that the address has been changed without notification having been sent to the publisher. Such a letter as the following is a fair sample:

*"To the American Journal of Nursing.*

"The December number has not been sent to me. Please see that I receive a copy of the December number, and that the JOURNAL be sent to me hereafter. My old address was 1100 South Avenue, now is 275 West Avenue."

Heretofore it has been the habit of the business manager to forward the missing number, thinking each month that matters would improve, but as this kind of carelessness continues, we shall be obliged to make it a hard and fast rule that unless notification of the change of address has been sent before the 20th of the preceding month, the missing number will not be replaced. Nurses who are so unfortunate as to lose copies of the magazine have our sympathy, but it seems to us that this need not happen so often if nurses would caution their landladies or the persons who have charge of their mail in regard to the care of such matter when they are at cases. Printed matter is not usually regarded as being of the same importance as a personal letter, but the loss of a magazine of which one wishes to keep a complete file is most aggravating.

THE department, "Official Reports of Societies," under the supervision of Miss Mary E. Thornton, which was established in the January number, is intended to contain official announcements and notices of every character pertaining to our organization work, and the reports of alumnae and club meetings and of all matters of special official interest to graduate nurses. Such communications should be sent directly to Miss Thornton.

